	Mid Murray Landcare SA	**Volunteer Application**

C O N F I D E N T I A L

1.	**Area in Mid Murray Landcare SA you are registering to volunteer in**

☐	Cambrai Community Nursery	Activity
☐	Meldanda Group or Project title	Activity
☐	Other	Activity
☐		Activity
☐		Activity

2.	**Personal Details**

Title	Given Name (s)	Surname

Date of Birth	Gender	Male ☐	Female ☐

Residential Address
Postal Address

Home Phone	Mobile Number	Other Number

Email Address

Preferred method of contact: ☐ Email   ☐ Post   ☐ SMS   ☐ Phone

	Yes	**No**	**N/A**	
Do you have a driver's licence?	☐	☐	☐	Class: ………….. Licence No: ………………. Expiry Date: ………………………………………
Have you been disqualified from driving in the last 5 years?	☐	☐	☐	Reason: ………………………………………………
Do you hold a current first aid certificate?	☐	☐	☐	Expiry Date: ………………………………………
Do you have a current National Police Check	☐	☐	☐	Ref: …………………………………………………. Issued: ………………. Expiry: ……………….
Do you have a current DCSI Screening?	☐	☐	☐	Ref: …………………………………………………. Issued: ………………. Expiry: ……………….
Do you consent for your image to be used in MMLSA promotions?	☐	☐	☐	

3.	**Volunteering Information**

What days and times of the week are you available to volunteer?

If you have any relevant qualifications, work experience (in a paid or unpaid capacity), networks, skills or experiences you would like to share with Mid Murray Landcare SA, please let us know.

For what period of time would you like to volunteer with Mid Murray Landcare SA?
(ie 3 months, 1 year, ongoing)

Are you volunteering as part of your obligation for any of the following: Yes ☐ (indicate below)   No ☐
☐ Centrelink   ☐ Work Cover   ☐ Education Placement
☐ Other (please provide details)

4.	**Referee Details**

Referee 1

Name	
Email Address	
Contact Number	
Relationship to you	

5.	**Applicant Declaration**

o I understand that as a volunteer I will not be paid for engaging in work for Mid Murray Landcare SA.

o I understand that my information will be maintained with confidentiality, and will not be disclosed unless we have instructions, or are under a legal obligation, to do so.

o I understand that the referees I have listed may be contacted.

o I understand that I will be required to have a Workplace Health and Safety Induction prior to commencing volunteer duties.

o I understand that I have obligations under Mid Murray Landcare SA Workplace Health Safety and Injury Management Policy, Volunteer Policy and Volunteer Code of Conduct and will endeavour to:

   o I understand that I will be required to have a full Workplace Health and Safety Induction prior to commencing volunteer activities;

   o Take reasonable care of my own safety and that of others at work;

   o Use personal protective equipment in accordance with the established safe work practices of Mid Murray Landcare SA;

   o Ensure that I am not, by the consumption of alcohol or drugs in such a state as to endanger myself or others;

   o Raise any matter, which gives cause for concern with the supervisor;

   o Notify any hazard and report any injury to myself or to others as soon as practical to the supervisor;

   o Maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.

I (full name)…….
declare that the information given in this application is true and correct.

Signed……………………………………………………………………………..…………..
Date……………………………………….............

In case of a volunteer applicant being under the age of 18 years, a parent or authorised guardian must sign as well as the applicant.

I (full name of parent) ………………………………………………………………………. give my permission for
(full name of child) …………………………………………………………. to work as a volunteer for Mid Murray Landcare SA

Signed………………………………………………………………………………………………..
Date……………………………………….............

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6.	Mid Murray Landcare SA **Office Use Only**

Volunteers Name

Volunteer Group

Volunteer Activity

Volunteer Activity Description issued　　　Yes ☐ No ☐

If no, an Activity Description must be created

person responsible……………………………………..target date   /   /

Volunteer Induction arranged　　　Yes ☐

person responsible……………………………………..target date   /   /

Volunteer engaged　　　Yes ☐　　　No ☐

Engagement acceptance or unsuccessful letter sent on   /   /

Signature	
Print Name	
Position	
Date	
Date entered onto register	
Record Number	