

BECOME A VOLUNTEER WITH US!

Expression of Interest Form

Sunbury and Cobaw Community Health is a not-for-profit health organisation. We provide a range of services that responds to the needs of our communities in the Hume and Macedon Ranges regions. People truly are our greatest asset – with volunteers being vital to our ongoing services.

You can learn more about us online at sunburycobaw.org.au. Positions are offered only when there are vacancies. It can be a wait of many months, as many of our existing volunteers commit long term. We support all community volunteering and therefore also encourage you to apply online elsewhere such as Hume Gateway at govolunteer.com.au and Seek at volunteer.com.au.

We respect your privacy. Information you provide is treated as confidential, and relevant details are shared only with staff (e.g. Volunteer Coordinator and activity team leaders) on an as-needs basis.

*This form is designed so that you can **type directly into it**. If you prefer a printed copy, please collect one from us (see addresses at the end), or alternatively, we will be happy to post one to you.*

A: Your contact details

Given Name(s)				Title and Surname					
Date of Birth				Country of Birth					
Are you an Australian Citizen?			Yes	No	Are you a 'Permanent Resident'?			Yes	No
Female	Male	Non-binary	Other	Do you identify as Aboriginal or Torres Strait Islander?			Yes	No	Prefer not to say
Language(s) you speak other than English. Please indicate level, e.g. basic, fluent.									
Email address (all volunteers must have access to email for correspondence)									
Mobile					Alternative number				
Residential address									

Postal address	<input type="checkbox"/> 'As above'/Other:
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B: Emergency contact details

Given Name(s)		Title and Surname		
Relationship to you				
Mobile		Alternative number		

C: Your background – help us get to know you

Most recent employment Year(s), organisation and your role			
Other significant/relevant employment Year(s), organisation and your role			
Main qualification(s)			
Skills/Interests			
Do you have any recent volunteering experience? No Yes - please describe below:			
Organisation you volunteer(ed) at		Dates and your role	
Organisation you volunteer(ed) at		Dates and your role	

D: Health declaration - pre-existing health conditions disclosure

We are committed to a safe working environment. We encourage individuals of all abilities to work with us. In exchange, you need to disclose to us any pre-existing health conditions such as **illness/ injury/allergies** that we may need to take into confidential consideration when offering you a volunteer role.

No, I do not have / Yes, I do have a **health condition** to confidentially disclose. If yes, please describe your condition and needs below:

E: Association with us

Do you have any previous or current association with Sunbury and Cobaw Community Health or its previous entities? e.g. as a client/program participant, carer, past employee, volunteer or other.

Yes, I do have an association - describe below. No, I do not have any association.

F: Required documentation

You must hold and keep current, the following safety checks, all of which are **free for volunteers**:

National Police Check (valid for 3 years)

We will provide you with the form to complete and return to us with acceptable identification documents. We then complete the process online through our chosen agency.

Working with Children Check (valid for 5 years)

If you hold a current Working with Children Check (WWCC), please provide us with:

WWCC card number:

WWCC expiry date:

You will need to access your WWCC online to add Sunbury and Cobaw Community Health. If registered only as an employee, please add volunteer to your WWCC type.

NDIS Worker Screening Check (valid for 5 years)

When we ask you to, please apply for a volunteer *fee waiver* as well as the safety check itself. If you hold an existing and current NDIS Worker Screening Check, please provide:

Reference number:

Date of certificate:



You will also need to sign a supplied **Statutory Declaration** regarding any **criminal charges** laid or pending within the past 12 months. Please tick to consent to this

To apply for a **driving role** with us, you must:

- Hold a current driver’s licence (please advise us if you have demerit points) and
- Submit an annual **Volunteer Driver Medical Report (VDMR)** provided by your GP and/or specialist prior to commencement.

Please tick to consent to this OR

I am not applying for a driving role

G: Days and times when you are reliably available to volunteer with us

Date/Time*	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays**	Sundays**
Morning							
Afternoon							
Evenings							

* Excludes public holidays

**Weekends and evenings apply only to volunteers for community events

H: Areas/Programs of interest

We welcome volunteers when vacancies exist in the following areas. Please tick to select your interest:

Aboriginal engagement	Administration support	Aged care activities	Community Shed	Daughters of the West
Digital/social media	Event planning/help	Exercise sessions	Hydrotherapy sessions	LGBTIQA+ engagement
Medical appointments: Driver – city and more	Medical appointments: Driver – local to Hume	Medical appointments: Driver – local to Macedon Ranges	Mental health	Social Support Group – activity assistance
Social Support Group - driver (car/minibus)	Sons of The West	Youth support	Other? (please specify)	

And lastly...

Have you discussed a possible role/vacancy with a staff member prior to completing this form?

No Yes, I spoke with _____ on _____

UNDERSTANDING AND AGREEMENT

- I agree to abide by Sunbury and Cobaw Community Health **confidentiality**, maintain behaviours that align with the organisation's values and accept reasonable directives from my team leader. In return, I may expect to be treated with respect and appreciation for my time and skills.
- I will wear my **identity card** and **sign in and out** each time I attend Sunbury and Cobaw Community Health or act on its behalf within the community.
- Sunbury and Cobaw Community Health's insurance policy covers me only for personal injury and applies only whilst I am performing **pre-approved activities**.
- The information I have provided in this form is truthful and I have provided **full disclosure**. If I have knowingly provided false or misleading information my application will not be accepted, any volunteering commenced will cease, and I may not re-apply to Sunbury and Cobaw Community Health.

Your Signature:

Date:

Please return your completed form to the Volunteer Coordinator:

- By email, at volunteer@scchc.org.au
- By post or visit us at 12-28 Macedon Street, Sunbury/1 Caroline Chisholm Drive, Kyneton

We cherish our volunteers - thank you for your interest in joining us!