



## Volunteer Details Form

### PART A: To be completed by the Volunteer

First Name/s:	Last Name:
Preferred Name:	Date of Birth / /
Address:	
Telephone:	Mobile:

Email:

Drivers Licence:  C  LR  MR  HR No: Expiry:

Do you have your own transport, or access to transport?  Yes  No

Do you have a Working with Children Check?  Yes  No Number:

Do you have a National Criminal History Check?  Yes  No Date Obtained:

Please list your applicable qualifications, skills and abilities, knowledge and previous experience:

What are your areas of interest, or what type of volunteer role are you interested in?

What is your availability? (Days, times etc.)

### Emergency contact details

Name of person you would like contacted in an emergency:

Their relationship to you:

Telephone: Mobile:

Address:

### Medical details

Do you have any medical conditions, allergies or special needs that would be of relevance in an emergency situation?  
 YES  NO *If yes, please provide details:*

Do you have any pre-existing injuries or illnesses that would prevent you from carrying out your duties or will be affected by the work you will be doing for Tamworth Family Support Service (TFSS)?  
 YES  NO *If yes, please provide details:*

**Please note:** Failing to notify, or hiding a pre-existing injury or illness that might be affected by the work that you will be doing for TFSS could result in that condition not being eligible for compensation claims.

### Volunteer to sign

Signature: Date:

### Personal Information/Forms

By signing information off the below checklist I state that I have provided and/or had original documents copied and had filed by TFSS administrative employees the personal information cited. I further understand that some of these (licence, registration, comprehensive car insurance, first aid certification) must remain current, and that I must continue to supply copies of these throughout my employment with Tamworth Family Support Service Ltd. I also agree that I have been made aware that if any of these change, are cancelled or lapse, I must notify TFSS immediately.

No	Description	Issued (by TFSS)	Returned (to TFSS)	Volunteer's Signature	Date
1	Copy of 100 points of identification	<input type="checkbox"/>	<input type="checkbox"/>		/ /
2	Working With Children Check	<input type="checkbox"/>	<input type="checkbox"/>		/ /
3	National Criminal History Check	<input type="checkbox"/>	<input type="checkbox"/>		/ /
4	Copy of (Current) Driver's Licence	<input type="checkbox"/>	<input type="checkbox"/>		/ /
5	Copy of (Valid) Motor Vehicle Registration	n/a	<input type="checkbox"/>		/ /
6	Copy of Comprehensive Motor Vehicle Insurance	n/a	<input type="checkbox"/>		/ /
7		n/a	<input type="checkbox"/>		/ /
8		<input type="checkbox"/>	<input type="checkbox"/>		/ /

### Resources Issued to Volunteer

By signing resources off the below checklist I state that I have taken possession of and accept, the resources cited. I further understand that each of these resources must be returned upon the completion or the termination of my period of employment with TFSS. I also agree that I have been made aware that any resource misplaced, lost or stolen whilst in my care and custody is my personal responsibility and mandatory obligation to replace at my cost.

1	TFSS Identification Card	<input type="checkbox"/>	<input type="checkbox"/>		/ /
2	TFSS Name Badge	<input type="checkbox"/>	<input type="checkbox"/>		/ /
3	TFSS Uniform(s)	<input type="checkbox"/>	<input type="checkbox"/>		/ /
4	TFSS Swipe Card (Belmore St only)	<input type="checkbox"/>	<input type="checkbox"/>		/ /
5	TFSS Bi-Lock System Key(s)	<input type="checkbox"/>	<input type="checkbox"/>		/ /
6	TFSS Other Key(s)	<input type="checkbox"/>	<input type="checkbox"/>		/ /
7	TFSS Security Code(s)	<input type="checkbox"/>	<input type="checkbox"/>		/ /
8		<input type="checkbox"/>	<input type="checkbox"/>		/ /
9		<input type="checkbox"/>	<input type="checkbox"/>		/ /
10		<input type="checkbox"/>	<input type="checkbox"/>		/ /

### PART B: To be completed by the Employer

Date commenced volunteering with TFSS:		/	/
Date ceased volunteering with TFSS:		/	/
Work undertaken:			
Location:		Reporting to:	
Comments			