



Volunteer Program

VOLUNTEER REGISTRATION FORM

Date of Application: _____

Previously Registered Y/N

SURNAME: _____ Given Names: _____

ADDRESS: _____

Postcode: _____ Email: _____

PHONE: Home: _____ Work: _____ Mob: _____

Date of Birth: _____ Country Birth: _____ Languages Spoken: _____

1. CURRENT STATUS (Please circle)

Student Pensioner Work care Sick leave Retired
Unemployed Part-time work Fulltime work Home Duties Other

2. ARE YOU A CENTRELINK CUSTOMER? (Please Circle) Youth Start Mutual obligation

Newstart AWT Vol Work Initiative Other

3. HOW DID YOU HEAR ABOUT EASTERN ACCESS COMMUNITY HEALTH?

Volunteer Centre Referred EACH Newspaper Website Other

4. VOLUNTEERING Please circle length of time you can offer assistance? 1-6 months 6-12 months

Over 12 months Ongoing Other: _____ Total hours available per week: _____

5. TIMES AVAILABLE Please fill in times and days you are available to do volunteer work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

6. EXPERIENCE/QUALIFICATIONS Volunteer work/paid employment (please describe or attach resume)

7. EACH SERVICES (Please circle the area/s you would prefer to do volunteer work)

Reception Office Admin Computers Bookkeeping Finance
Social Activities Art/Crafts Recreation /Sport Gardening Music
Café Assistant Op Shop Assistant Health/Exercise Driving Entertaining
Youth Children Family Women Men
Carer Support Older Adults People with Disabilities Personal Support Mentoring
Mental Health Rivendell Lifeworks Halcyon Employment
Counselling Drug Alcohol Gamblers Help Victims Assistance Fundraising
Special Projects Other



Volunteer Program

- 8. DRIVING - Only fill in if doing driving as part of your volunteering work**
 Do you have a current DRIVER'S Licence? (Please attach COPY) Y/N
 Licence No: _____ Auto only Manual Endorsed
 Fill in if willing to use your own car as part of your volunteer work? Y/N
 Do you have a registered Car? Y/N Do you have Comprehensive Insurance? Y/N

- 9. DO YOU HAVE ANY MEDICAL CONDITION/S THAT MAY AFFECT YOUR VOLUNTEER WORK?**
 (eg: prescribed medications or physical conditions)

- 10. REFEREES** 1. Name: _____ Phone: _____
 2. Name: _____ Phone: _____

- 11. EMERGENCY CONTACT** Please list name and address of next of kin or contact person.
 Name: _____ Address _____
 Phone/Mobile _____

- 12. POLICE CHECK / CRIMCHECK.** As part of EACH policy all volunteers, staff, and students must have a POLICE CHECK or CRIMCHECK before commencing work. We can do the CRIMCHECK at no cost. If you prefer, you can go to a Police Station for a Police check at your own expense, we just need to record the number and date approved.

- 13. CHILDCHECK** Must be obtained prior to working with children under 18 Years of age.

- 14. FIRST AID CERTIFICATE** Y/N Level _____ Would you like to do First Aid Y/N

- 15. PRIVACY**
 I give permission for my confidential information to be shared within EACH for the purpose of managing the volunteer program, and I agree to abide by the current privacy and confidentiality legislation.

- 16. VOLUNTEER'S SIGNATURE** _____

FOR OFFICE USE ONLY

Staff conducting interview _____
Service area _____ Staff Position _____ Phone No _____
VOLUNTEER PLACEMENT DETAILS
Service Area _____ Program _____ Position _____
Staff Contact _____ Program Address _____
Date Vol to Start _____ Day and times Vol. working _____
Circle as Completed Rego Form Privacy Childcheck Pol Ck/Crimcheck Date Approved
Referees Ckd Resume Copies for file Originals to Vol Office ID Badge Issued Other _____

Please return the Original completed form/s to:

**Joy Little, Coordinator, EACH Volunteer Program, 46 Warrandyte Road, RINGWOOD 3134
 Phone: 9871 2657 Mobile: 0417 097 341 Fax: 9870 2601 Email: jlittle@each.com.au**

Partners in Building Healthy Communities



GENERAL INFORMATION REGARDING THE CONSENT TO OBTAIN PERSONAL INFORMATION - NATIONAL POLICE CHECKS (NPC)

General Information

This document is used by CrimCheck as part of the assessment process for Community Organisations to determine a person's suitability for services particularly in organisations where applicants are working with clients who may be frail and elderly or younger people with disabilities. The information contained in this document is provided to inform you of all relevant details so that you have a full understanding of the purpose of the national police check (NPC). It should be read prior to completing the NPC Police Check Request & Identity Check Form.

The information provided on this Form and any information received by CrimCheck in the police checking process will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability, unless Statutory obligations require otherwise.

Criminal History Record Checks

National police checks are an important part of the assessment of your suitability for involvement as a staff member or volunteer and may be a legal requirement to commence particular volunteering placements.

CrimCheck will forward information extracted from this Form to the CrimTrac Agency, other Australian police services or other law enforcement agencies, and you are asked to consent to these agencies:

- (a) disclosing information from their own records to CrimCheck ; and/or
- (b) accessing the records of other law enforcement agencies that in turn will be disclosed to CrimCheck, only to the extent that such information is relevant to determine whether there are any disclosable outcomes on your record.

Information released in a National Police Check (NPC) is restricted according to relevant legislation, release policies and protocols in the specific police jurisdiction. In Victoria, police have an **Information Release Policy** that governs what information is released for offences committed in Victoria. The release of information may take into account the age of the police record, the purpose for which it is being sought and the relevance of the offence history. This is called a **disclosable record**. Included in the record are any **disclosable court outcomes**, which are all findings of guilt.

When Criminal Records are disclosed to CrimCheck, agencies are advised that either :

- (a) there are no disclosable outcomes, or
- (b) that there are disclosable outcomes HOWEVER no details of these offences are provided to the agencies.

As part of this process, CrimCheck will contact all applicants with a disclosure to verify their identity and confirm that the records are correct.

All Criminal History Information is retained for a maximum of 90 days in a secure location and confidentially destroyed after this time.

Provision of False or Misleading Information

You are asked to certify that the personal information you have provided on the NCHRC Police Check Request & Identity Check Form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided false or misleading information, you may be assessed as unsuitable.

You should note that the existence of a record does not mean that you will be assessed automatically by the Community Agency as being unsuitable. Each case will be assessed on its merits; hence it is in your interests to provide full and frank details on the Form.

Privacy Statement

The *Information Privacy Act 2000 (Vic)*, classifies criminal records as sensitive information. Significant harm to a person's future, including their job prospects can also result if such sensitive information contains inaccuracies.

Your information will be handled in accordance with the Information Privacy Principles and is protected by Privacy law, and secured in a safe location. CrimCheck does not comment on or pass on information of a personal nature to anyone.

Proof of Identity — 100 Point Check

Before the agency can undertake a NPC on your behalf, the agency must verify your identity. A minimum of two types of ID are required (see examples below). These must total at least 100 points in order for the police check to be processed.

Identity Proofs		Identity Proofs	
Passport	70 points	Keypass Card	25 points
Birth Certificate	70 points	Telephone account	25 points
Citizenship Certificate	70 points	Medicare Card	25 points
ID Card issued to a public employee	40 points	The records of a public utility e.g. gas or electricity	25 points
Licence issued under a law e.g. Driver's Licence, Firearms Licence	40 points	Council rates notice	25 points
ID card issued by a the Commonwealth, a State or Territory as evidence of the person's entitlement to a financial benefit	40 points	ID card issued by an employer showing applicant's name only	25 points
Centrelink Card	40 points	Entry in Telstra telephone directory verified by contact with the applicant at that number	25 points
ID card issued to a student at a tertiary education institution	40 points	Victorian Working with Children Card	25 points
Letter from a rating authority e.g. land rates	35 points	Credit/Debit card or passbook (one per financial institution)	25 points
ID card issued by employer showing name & address of applicant	35 points	Foreign driver's licence	25 points
Records from Land Titles Office	35 points	Foreign Government ID card	25 points
Membership card – club, union, or professional body	25 points	Letter from employer within last two years showing applicant's name and address	35 points

* An applicant who can provide a 70 point document together with a 40 or 35 point document will have met the 100 point requirement with these two documents. If a 70 point document is not available, a minimum of three lower rated documents are required.

Spent Convictions Schemes

Victoria Police Information Release Policy

For the purposes of employment, voluntary work or occupation-related licensing/registration, Victoria Police may restrict the release of a person's police record according to the Victoria Police "Information Release Policy". If you have a police record with Victoria Police, the Policy may take into account the age of the record and the purpose for which the information is being released. If ten years have elapsed since you were last found guilty of an offence in Victoria, Victoria Police will, in most instances, advise that you have no disclosable court outcomes. However, a record over ten years may be released:

- if it includes a term of imprisonment longer than 30 months;
- if it includes a serious violent or sexual offence and the records check is for the purpose of working with children, elderly or disabled people;
- if it is in the interests of crime prevention or public safety

Findings of guilt without conviction and good behaviour bonds may be released. Recent charges or outstanding matters under investigation that have not yet gone to Court may also be released.

Victoria Police does not conduct records checks on persons aged 16 years or under for release to a third party.

Other Australian police services

Where a criminal history record with another Australian police service has been obtained, any relevant legislation (and/or release policy) affecting that police service will be applied before that record is released. Under various pieces of Commonwealth, State and Territory legislation a person has the right, in particular circumstances or for a particular purpose, to not disclose certain convictions/findings of guilt over a certain age. Such convictions (widely referred to as "spent" or "rehabilitated" convictions) will not be released unless the records check is for the applicant's personal information only and provided that this is in accordance with relevant legislation (and/or release policy). Please contact individual police services directly for further information about their release policies and any legislation that affects them.

Part VIIC of the Commonwealth *Crimes Act 1914* deals with aspects of the collection, use and disclosure of old conviction information. The main element of this law is a "Spent Convictions Scheme". The aim of the Scheme is to prevent discrimination on the basis of certain previous convictions once a waiting period (usually 10 years) has passed and provided the individual has not re-offended during this period. The Scheme also covers situations where an individual has had a conviction "quashed" or has been pardoned. If you would like further details regarding which offences are specifically excluded, feel free to ask the interviewer. If you have internet access, the Act can be accessed via the Federal Government website www.comlaw.gov.au and searching for Crimes Act 1914.

PERSONAL INFORMATION

Family Name	<input type="text"/>	Given Names	<input type="text"/>
Current Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Sex (M or F)	<input type="checkbox"/>	Date of Birth	<input type="text"/>
			<input type="text"/>
		City of Birth	<input type="text"/>
State of Birth (if applicable)	<input type="text"/>	Country of Birth	<input type="text"/>
Phone number	<input type="text"/>	Mobile number	<input type="text"/>
Passport Number (if available):	<input type="text"/>	Country of Issue	<input type="text"/>
Driver's Licence Number	<input type="text"/>	State/Territory of Issue	<input type="text"/>

PREVIOUS OR ALTERNATIVE NAMES:

In this section, write all names by which you are or have been formerly known, including your maiden name.

Family Name:	<input type="text"/>	Given Names:	<input type="text"/>
Family Name:	<input type="text"/>	Given Names:	<input type="text"/>

PREVIOUS ADDRESSES WITHIN THE LAST FIVE YEARS:

If full details of previous addresses are unavailable, details of towns and states of residence will suffice.

Address :	<input type="text"/>	Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>
Address :	<input type="text"/>	Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>

VOLUNTEER ROLE/POSITION APPLIED FOR

Paid Position

Volunteer Position

Specify Job Title:

100 POINT IDENTITY CHECK

<u>Proof Of Identity</u>			<u>Proof Of Identity</u>		
Passport	<input type="checkbox"/>	70 points	Keypass	<input type="checkbox"/>	25 points
Birth Certificate	<input type="checkbox"/>	70 points	Telephone account	<input type="checkbox"/>	25 points
Citizenship Certificate	<input type="checkbox"/>	70 points	Medicare Card	<input type="checkbox"/>	25 points
ID Card issued to a public employee	<input type="checkbox"/>	40 points	The records of a public utility e.g. gas or electricity	<input type="checkbox"/>	25 points
Licence issued under a law e.g. Driver's Licence, Firearms Licence	<input type="checkbox"/>	40 points	Council rates notice	<input type="checkbox"/>	25 points
ID card issued by a the Commonwealth, a State or Territory as evidence of the person's entitlement to a financial benefit	<input type="checkbox"/>	40 points	ID card issued by an employer showing applicant's name only	<input type="checkbox"/>	25 points
Centrelink Card	<input type="checkbox"/>	40 points	Entry in Telstra telephone directory verified by contact with the applicant at that number	<input type="checkbox"/>	25 points
ID card issued to a student at a tertiary education institution	<input type="checkbox"/>	40 points	Working with Children Card	<input type="checkbox"/>	25 points
Letter from a rating authority e.g. land rates	<input type="checkbox"/>	35 points	Credit/Debit card or Passbook (One per financial institution)	<input type="checkbox"/>	25 points
ID card issued by employer showing name & address of applicant	<input type="checkbox"/>	35 points	Foreign Driver's Licence	<input type="checkbox"/>	25 points
Records from Land Titles Office	<input type="checkbox"/>	35 points	Foreign ID Card	<input type="checkbox"/>	25 points
Membership card – club, union, or professional body	<input type="checkbox"/>	25 points	Letter from Employer within last two years showing applicant's name and address	<input type="checkbox"/>	25 points
			TOTAL POINTS		

Original Identification documents sighted

Date Sighted / /

Sighted by : _____

Signature : _____

CrimCheck
Reference No.

Date
Lodged

Date
Resolved

POLICE CHECK APPLICATION STATEMENT OF CONSENT

- I have no disclosable outcomes to declare —***Please continue***
- I have disclosable outcomes to declare—***Please do not continue with the form. Please request a Victorian Police Check application form from the Interviewing Officer.***

1. I acknowledge that I have read the General Information provided with this Form and understand that I do NOT have to disclose old, protected convictions information, which is described under the heading “Spent Convictions Scheme” in the Information Sheet, EXCEPT any of a type listed below for which an exclusion has been granted:
- **Sexual offence or any other offence against the person if the victim of the offence was under 18 at the time the offence was committed (Section 85ZZH (f) Crimes Act 1914 (Cth))**
 - **Offences involving violence (Item 7 Schedule 4 Crimes Regulations 1990 (Cth))**
 - **Offences against the person (Item 17 Schedule 4 Crimes Regulations 1990 (Cth))**
2. I certify that the personal information I have provided on this Form relates to me and is correct.
3. I acknowledge that any information provided by me on this Form or by Australian police services as a result of the records check may be taken into account by the recruiting Agency in assessing my suitability as a volunteer or employee
4. I consent to CrimCheck forwarding details obtained from this Form to the CrimTrac Agency and/or to Australian police services or other relevant law enforcement agencies.
5. I consent to :
- (i) the CrimTrac Agency making enquiries to Australian police services
 - (ii) Australian police services obtaining and disclosing from their records, personal information about me, including any outstanding charges, criminal convictions and findings of guilt recorded against me for any offences in any jurisdiction, that may be disclosed according to the laws of jurisdiction and, in the absence of any laws governing the release of that information, according to the jurisdiction’s information release policy, and forwarding relevant information to the CrimTrac agency; and
 - (iii) the CrimTrac agency providing relevant information to CrimCheck.

Signature of Applicant:

Signature of Witness

Date

Name of Applicant:

Name of Witness

CrimCheck 

Note: The information you provide in the Form, and which CrimTrac provides to CrimCheck on receipt of the Form, will be used only for the purpose stated above unless statutory obligations require otherwise.



PRIVACY, CONFIDENTIALITY AND SECURITY AGREEMENT

Applicable to all persons including EACH staff, contractors, volunteers and students.

It is a requirement under the EACH Code of Ethics and a legal requirement under the Information Privacy Act 2001, the Victorian Health Records Act 2001 and the Health Services Act 1988 (Vic), that the confidentiality of client, employee and service information is maintained and safeguarded.

EACH, together with its Board members, management, staff, volunteers, students, agents, contractors or others providing services through EACH, who have access to or become aware of client, service or employee information, must keep all such information confidential.

Confidential information includes personal, health and service information relating to clients, employees and their families, from whatever source and may be verbal, written or electronic.

As part of my position/employment with EACH I understand and agree to be bound to the following Confidentiality Undertaking:

1. I confirm that I have read EACH's Privacy and the 'Protecting Your Privacy' brochure – and understand the obligations it places on me.
2. I will only collect, access and/or use confidential information relating to EACH's clients and employees as is required to perform my duties.
3. I will only disclose confidential information relating to EACH's clients and employees with their informed consent, where properly authorized or when required by law.
4. I will safeguard EACH's confidential records and will not alter, remove, misuse or destroy any confidential information unless it is part of my duties. If it is part of my duties to do any of these tasks, I will follow the relevant procedures with due diligence and care, taking all steps and doing all things necessary to ensure the confidentiality and protection of records.

I will ensure the security of my access to confidential information relating to EACH's clients and employees, and will keep secure my electronic passwords and other access codes.

1. I recognize that it is my professional responsibility to bring to the attention of the appropriate person, concerns regarding the management of confidential information.
2. I understand that failure to comply with this Agreement may result in disciplinary action, including possible termination of my employment, and/or civil or criminal legal penalties as provided for under the relevant Act.
3. I agree that my obligations under this Agreement will not be terminated should my position/employment with EACH cease.
4. On ceasing my position/employment with EACH, I shall return all documents, copies, notes and other records, including electronically held data, to EACH.

By signing this, I acknowledge that I have read, understand and will comply with this Agreement.

Name (please print):

Signature:

Date:

COPY 1 to be signed and held by employee/volunteer/contractor

COPY 2 to be signed and held in employee/volunteer/contractor's record within EACH files.