

Street Van Volunteer Application Form

Thank you for your interest in this valuable ministry. This form has been designed so that we can best protect you, other volunteers, the people that we serve at the Street Van and Drug ARM W.A. We really appreciate you taking the time to fill it out.

Amanda Ellerby- Youth Outreach Coordinator

Personal Details

Surname: _____ Given Names: _____

Date of Birth: _____ Age (must be 18+): _____

Address: _____

_____ Postcode: _____

Home Ph: _____ Work Ph: _____

Mobile: _____

Email Address: _____

Do you check your emails regularly: **Yes/No**

Please describe briefly why you want to join Drug ARM WA's Street Van Program

Employee Details

Employers Name: _____ Position Held: _____

Phone No: _____

Qualifications

Do you have your own transport to get to and from the team base? **Yes/No**

(As shifts finish late, we would prefer to arrange lifts if necessary rather than volunteers using Public Transport)

Do you have a Senior First Aid Certificate **Yes/No**

If so what date was it obtained on _____/_____/_____

Do you have an open (unrestricted) manual drivers License (C Class): **Yes/No**

If so, do you have any current demerit points recorded against your license? **Yes/No**

If so, how many, when, and for what infringements did you received the above demerit points:

(The above information is required before you may be authorized to drive the Street Van)

Other skills/qualifications:

Previous Experience

Have you previously been involved in any voluntary work? If so, please give details:

Name of Organisation: _____

Phone No: _____

Description of work done: _____

Please state any other relevant experience:

Recreational Interests and Hobbies

Referees

Please fill out the details of two people who know you and are happy to act as referees.

Referee 1

Name: _____

Address: _____ Post Code: _____

Occupation: _____

Phone: _____

Referee 2

Name: _____

Address: _____ Post Code: _____

Occupation: _____

Phone: _____

Availability

Teams are normally rostered on a fortnightly basis, however volunteers may elect a 4-weekly roster.

I am available to be rostered: **Fortnightly** **4-weekly**

My preference is: **Friday / Saturday / Either**

(please circle preference and cross out any nights you cannot do)

Where possible, we try to allocate each volunteer to according to their area preference. Please rank the following locations in order of preference and strikethrough those that are not possible. ***(NB: Only Northbridge and Joondalup are currently operating).***

Northbridge:

Joondalup:

Rockingham:

Midland:

Armadale:

Please indicate the week nights and weekend times you would be available for the training course.

M T W Th F Sat _____

Sunday afternoon _____

Preferred method of correspondence:

Email / Mail / Both (please circle)

Have you ever been (formally or informally) accused, charged or disciplined for any child abuse/sexual abuse? **Yes/No**

Please give details if you answered YES to the above question:

Please note: It is now required by law that the above information is obtained from applicants for child & youth related positions.

Have you used illicit drugs in the past three years? **Yes/No**

Please give details if you answered YES to the above question:

I authorize Drug ARM WA to obtain a Federal Police Clearance on my name using the form that I will fill in for that purpose at the training session.

Sign: _____ Date: _____

How did you hear about Drug ARM WA?

I _____ hereby certify that the information I have provided in all sections of this application form is true and in no way false or misleading.

Name: _____ **Signed:** _____

Please return application form to:

Drug ARM WA Inc
Street Van Volunteer Applications
PO Box 165
ARMADALE WA 6992.