

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.

Yours Sincerely

Chris Summerfield (Street Van 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

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 held by you: Recreational Interests and Hobbies:

Previous Volunteer Experience:

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

Name of Organisation: _____

Address: _____

_____ Post Code: _____

Phone No: _____

Description of work done: _____

Church Details

Name of Church you attend? _____

Church Location: _____

Church Postal Address: _____

_____ Post Code: _____

Name of Senior Minister/Pastor: _____

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: _____

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

Availability

Teams are 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: **Thursday (7-10) / Friday / Saturday / Either** night (please circle preference and cross out any nights you cannot do)

We will endeavor 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.

Perth City:

Joondalup:

Albany:

Kalgoorlie:

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

M T W Th F Sat _____
Sunday afternoon _____

The training course has a cost of \$30 (this may be waived for those unable to afford this)

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
Applications will be confirmed by phone.