

## Volunteer Application and Agreement Form

Any information provided will be treated with strict confidentiality and is required for insurance protection purposes.

Mr. Mrs. Miss. Ms. Dr. Other

SURNAME: ..... GIVEN NAME: .....

ADDRESS: ..... POST CODE: .....

Telephone (H): ..... Mobile: ..... Fax: .....

E-mail: .....

Date of Birth: ..... / ..... / ..... (optional) Commencement Date: .....

How did you hear about volunteer opportunities with MDSA?  
 .....

### Experience / Interest

Please select which area/s you are interested in.

- |             |                          |                           |                          |                  |                          |                   |                          |                  |                          |             |                          |
|-------------|--------------------------|---------------------------|--------------------------|------------------|--------------------------|-------------------|--------------------------|------------------|--------------------------|-------------|--------------------------|
| Art & Craft | <input type="checkbox"/> | Computer Literate         | <input type="checkbox"/> | Customer Service | <input type="checkbox"/> | Event Management  | <input type="checkbox"/> | Filing           | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> |
| Gardening   | <input type="checkbox"/> | Trainer / Educator        | <input type="checkbox"/> | Maintenance      | <input type="checkbox"/> | Public Relations  | <input type="checkbox"/> | Public Speaking  | <input type="checkbox"/> | Production  | <input type="checkbox"/> |
| Reception   | <input type="checkbox"/> | Shopping Centre Lotteries | <input type="checkbox"/> | Telemarketing    | <input type="checkbox"/> | Telephone Advisor | <input type="checkbox"/> | Mail Preparation | <input type="checkbox"/> |             |                          |

Please list any relevant work experience you may have had and any particular areas of interest relevant to volunteering with MDA:

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.....

.....

### Previous Volunteer History

Please list any previous voluntary work experience including organisation and length of time there:

.....

.....

.....

### Availability

For each day, please tick the times you are available to volunteer **or**

Alternatively please list days and/or times you are available: .....

.....

.....

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>	AM	AM	AM	AM	AM	AM	AM
<b>Afternoon</b>	PM	PM	PM	PM	PM	PM	PM
<b>Night</b>	PM	PM	PM	PM	PM	PM	PM

**Emergency Contact**

In the event of an emergency every care will be taken to ensure your well being. If required an ambulance will be called for you at your expense unless it is a work related injury. The person nominated below will be contacted on your behalf.

SURNAME: ..... FIRST NAME: .....

What is this person's relationship to you?  
 .....

**Emergency Contact's Telephone Numbers:**

WORK: ..... MOBILE: ..... HOME: .....

**Emergency Contact's Address:**

STREET: .....

SUBURB: ..... POST CODE: .....

**Emergency call**

Can we call you at short notice if we urgently need help on a day that you are not rostered on?	Yes / No
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**Health**

Please explain any medical conditions or disability you have that would affect any volunteer work you do:

.....  
 .....

**Police Check**

Has a current, approved Police Check been provided?	Yes / No
If no, do you give us permission to conduct a Police Check?	Yes / No

**Privacy:**

Do you have any objection to your name and/or photograph being printed in any MDA publication such as the Website, brochures, Annual Report etc? Yes / No

**Confidentiality:**

As a volunteer you may have access to personal information about clients; members; customers and other volunteers. The privacy rights of others must be respected and the following guidelines are designed to protect those rights and must be adhered to.

Any information regarding clients; members; customers and volunteers (from hereon in known as MDA Customers), including their identity is to be given to any person or agency outside of Muscular Dystrophy SA without the written permission of the MDA Customer and Muscular Dystrophy SA unless there is a legal requirement to do so.

During your time with Muscular Dystrophy SA or after leaving the organisation, no volunteer shall use or disclose any confidential information for any purpose other than where such use of disclosure is authorised by Muscular Dystrophy

SA. By signing the Volunteer Application and Agreement Form you agree to adhere to guidelines featured in the MDSA Volunteer Handbook.

If you have any queries or wish to discuss any matters in relation to this or any voluntary work related matters please see the Volunteer Co-ordinator or the Volunteer Assistant.

**Thank you for completing our volunteer application form. We look forward to you joining us. Together we can put our muscles behind Muscular Dystrophy and make a real difference.**

.....  
**Volunteer Signature** Date: ..... / ..... / .....

.....  
**Volunteer Co-ordinator Signature** Date: ..... / ..... / .....

**OFFICE USE ONLY**

**Work Areas to be placed:**  
 (The Volunteer Coordinator will fill this in)

<b>ALL</b>	<input type="checkbox"/> <b>ASKL</b> All except lotteries	<input type="checkbox"/> <b>BDCL</b> Badge Day Collector	<input type="checkbox"/> <b>BTAP</b> Bow Tie Appeal	<input type="checkbox"/> <b>BTB</b> Bow Tie Bears	<input type="checkbox"/> <b>BTPK</b> BTB Stock Packing	<input type="checkbox"/>
<b>DATA</b> Data Entry	<input type="checkbox"/> <b>HSUP</b> Client Services (Home Support)	<input type="checkbox"/> <b>LOTS</b> Lotteries	<input type="checkbox"/> <b>MAIL</b> Mail preparation	<input type="checkbox"/> <b>MAR</b> Marathon Marshal	<input type="checkbox"/> <b>MNTN</b> Maintenance/ Store person	<input type="checkbox"/>
<b>NEWS</b> Wheelchair Sports	<input type="checkbox"/> <b>PHYS</b> Client Services (Physio)	<input type="checkbox"/> <b>REC</b> Reception	<input type="checkbox"/> <b>TRN</b> Trainer/Facilitator	<input type="checkbox"/> <b>WOT</b> World of Trivia	<input type="checkbox"/> <b>XMAS</b> Tree Delivery	<input type="checkbox"/>

**Other/Notes:**  
 .....  
 .....

**Commencement Date:** ..... / ..... / ..... **Don Man updated:** **Yes: No:**

**Signed:** ..... **Date:** ..... / ..... / .....