

VOLUNTEER APPLICATION FORM



bringing hope to a young generation

VOLUNTEER APPLICATION FORM

This form is to be completed by any volunteer involved in SU QLD events (eg: SUPA Clubs, Camps, Community Outreaches, Activities outside school hours, etc.). Once approved an SU QLD volunteer card will be sent out to you and is valid for 3 years.

Instructions on completing this form:

1. Complete this form and forward the 2 referee reports to your referees, ensuring they forward them onto your Event Director.
2. Send the form to your Event Director (*details below*) and chase up your referees if needed.

Event Director:
Address:

Event Director:	
Date received:	Approved by:
<i>Please forward to your SU Coordinator</i>	

SU QLD Office Only

SU Coordinator:		
SU Coordinator	Date received:	Approved by:
Programs Manager	Date received:	Approved by:
Processed & filed:		

school chaplaincy *camps* *training* *resources* *community outreach* *at-risk youth*

Scripture Union Queensland is a member of the worldwide Scripture Union International community

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Personal Details (Please complete every box)

Title:	<input type="text"/>	Name:	<input type="text"/>
Home Address :	<input type="text"/>		
	<input type="text"/>	P/code :	<input type="text"/>
Postal Address :	<input type="text"/>		
	<input type="text"/>	P/code :	<input type="text"/>
Phone :	(<input type="text"/>) <input type="text"/> (work)	(<input type="text"/>) <input type="text"/> (home)	
	(<input type="text"/>) <input type="text"/> (mobile)	Email :	<input type="text"/>
Date of Birth :	<input type="text"/> / <input type="text"/> / <input type="text"/>	Fax :	<input type="text"/>
Occupation :	<input type="text"/>		
Local Church :	<input type="text"/>	Denomination :	<input type="text"/>
Do you have any mental or physical health issues that SU QLD should be aware of as you carry out your volunteer role? <input type="checkbox"/> Yes/No <input type="checkbox"/> If so, please give details :			
<input type="text"/>			
Do you have any criminal convictions? <input type="checkbox"/> Yes/No <input type="checkbox"/> If so, what is the nature of the conviction:			
<input type="text"/>			
Do you have a current CCYPCG "Blue Card"? <input type="checkbox"/> Yes/No <input type="checkbox"/>			
If yes, please attach a photocopy of the card			
If you do not have a blue card, please complete a blue card application form available from your Event Director and submit this to them. <i>NB: Applications take around 6-8 weeks to process</i>			
Did you apply for a blue card through SU QLD? <input type="checkbox"/> Yes/No <input type="checkbox"/>			
If you did not apply for a blue card with SU QLD you will need to complete a blue-card authorisation form available from your Event Director			
Please note: You will not be able to volunteer in programs involving children or young people if you do not have a current blue card. An application in process is not a current blue card.			
I have read the ChildSafe booklet & understand my responsibilities <input type="checkbox"/> Yes/No <input type="checkbox"/>			
I have completed the compulsory SU QLD New Leader Training / I intend on doing so before going on an SU QLD event <input type="checkbox"/> Yes/No <input type="checkbox"/>			
I would like to be included on the volunteer mailing list for SU QLD training events, newsletters, etc. <input type="checkbox"/> Yes/No <input type="checkbox"/>			

Declaration

- ◆ I have read the 'SU Statement of Aims, Beliefs and Working Principles' (*ChildSafe Team Members Handbook*) and agree to work within these.
- ◆ I have read the SU QLD Code of Conduct for Volunteers and will work under this code.
- ◆ I will be trained in SU QLD Safety and Care practices and will follow these accordingly.

Signature

Date

If you are unable to sign this statement and still wish to be involved, please contact your SU Coordinator

Christian Experience

1. What do you think a Christian is?

2. How and when did you become a Christian?

3. What is your reason for wanting to become an SU QLD Volunteer?

Ministry Interest

1. Which SU QLD program are you intending to be a volunteer for?

2. Are you/have you been involved in any other areas of SU QLD ministries? If yes, please list

3. Are you involved in any ministries in your church? If yes, please list

Useful Qualifications / Experience

Do you have a current Level 2 / St Johns Senior First Aid Certificate? Yes/No

Do you have any current safety training? (eg. Bronze medallion, Surf Lifesaving training). If yes, please give details. Yes/No

Have you completed any training that will assist you in your proposed SU Yes/No

QLD Ministry? Eg: Bus Driver, Cook, Boat Driver, etc.

(Please submit copies of certificates of attainment if applicable).

Referee Reports

Please pass on the two (2) Referee Reports attached and have these returned to your Event Director at least 3 weeks before the event. At least one referee must be your church minister or senior church leader.

Please state the names of your referees :

SU QLD VOLUNTEER CODE OF CONDUCT

As a volunteer in SU QLD, I

1. Accept and agree to work in accordance with SU's Aims, Beliefs & Working Principles
2. Will act according to Biblical standards in my personal life and relationships
3. Accept that I will not involve myself in unaccompanied or unobserved activities with participants on any SU QLD program
4. Will treat people with respect and dignity regardless of age, gender, religious/denominational affiliation, sexual orientation or personal circumstances
5. Accept and agree to work in accordance with SU's Safety and Care policies
6. Accept responsibility for duty of care for participants in the program
7. Understand that any perpetration of verbal, emotional, physical or sexual abuse or harassment is unacceptable and will be treated seriously and sensitively
8. Will act with courtesy, consideration and good judgment, in all interpersonal relationships
9. Will not use SU QLD to promote my own, or a particular denominational or religious belief, behaviour or practice where these are not compatible with SU QLD's position and standards
10. Will not engage in any illegal activity or assist persons engaged in illegal activities
11. Will respect the authority of leaders over me and act in accordance with their directions
12. Will complete training as required by SU in relation to the role I will play as a volunteer
13. Will care for and maintain SU resources provided for my program.

SU QLD agrees to:

1. Educate and train volunteers in their duties and responsibilities
2. Support volunteers as they carry out their roles
3. Provide policies and procedures for best practice and high levels of safety and care
4. Adequately insure its volunteers and their approved programs.

**Please return this form to your Event Director.
This form is confidential and will be held at the SU QLD
Brisbane Office in accordance with our Privacy Policy.**

If you require further information please contact your
SU Coordinator in your nearest Regional Office.



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Referee Report for SU QLD Volunteer

PLEASE RETURN TO:

Event Director:

Address:

Phone:

Applicant's Name:

Referee's Name:

Referee's Phone No:

The above applicant has applied to be a volunteer on an SU QLD event. We would appreciate your feedback. Please answer the questions below using extra paper if necessary. Thank you for your assistance.

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Please comment on the applicant's skills and characteristics making them suitable to lead/or care and take responsibility for the safety of children and young people.
4. Please give a brief description of the applicant's character.

5. How do you think the applicant would respond to working:
(a) under a team leader?

(b) as a member of a team?

6. How strongly would you recommend this person for work with children and young people?

- Not at all*
 With reservations
 Don't know / can't say
 Recommend
 Strongly Recommend

7. To the best of your knowledge is there any reason the applicant would be considered unsuitable to work with children and young people?

8. Any other comments that may assist us in determining the applicant's suitability?

Referee's Signature:

Date:

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Applicant's Name:

Referee's Name:

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5. How do you think the applicant would respond to working:
(c) under a team leader?

(d) as a member of a team?

6. How strongly would you recommend this person for work with children and young people?

Not at all

With reservations

Don't know / can't say

Recommend

Strongly Recommend

8. To the best of your knowledge is there any reason the applicant would be considered unsuitable to work with children and young people?

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Referee's Signature:

Date: