



SU Victoria

Scripture Union Victoria

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Northcote Vic 3070 Australia

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Volunteer Application Form revised 2008

A new form must be completed each year by all applicants for voluntary work within Scripture Union Victoria.

On Completion please return to your Elevate/Camp/Mission Director
OR Field Ministries Admin Assistant,
SU Victoria, 157 Heidelberg Road, Northcote VIC 3070

NB: If you are returning to the team you were on last year you do not need to complete page two apart from updating your qualifications.

I am applying as a volunteer for SUFM Theos SU Camps Elevate Primary Elevate Secondary

Personal Contact Details

Given Name _____ Surname: _____
Preferred Name _____ Male Female Date of birth : _____
Family Name prior to marriage _____ Occupation _____
Spouse's Name _____ No of children _____
Address _____
Suburb/Town _____ Postcode _____ Email _____
Phone (home) _____ Phone (work) _____ Phone (mobile) _____

Team Preference and Availability

Are you a first time applicant Yes No
Which team do you hope to join? _____ Location: _____

The church you attend

Name: _____ Denomination: _____ Location: _____

If you have been there less than 12 months, previous church _____

Child Protection

1. As an SU volunteer it is required that you read the *Child Safe Handbook* (formerly titled *Lighting a Path to Safety Team Members Handbook*). Please get a copy from your director.

2. Have you been interviewed in relation to and/or charged with and/or convicted of any offence involving children, young people, violence alcohol or drugs? Yes No

IF you answered yes, please give details, or you may choose to discuss this with an SU staff worker.

Working with Children Checks (WCC)

As an SU volunteer (and if you are 18 years or over) you are required to have a Working with Children Check (WCC Check) Application Forms for the WCC Check are available from participating outlets of Australia Post These checks are free when you are a volunteer but you do need passport photos for them. Many post offices can take your photo for you.

1. My Working with Children Check card number is _____ **AND** I have enclosed a photocopy of my WCC card or my assessment notice from the Department of Justice. **OR**

2. I have completed an application but have not yet received my Working with Children Check card. The receipt number is _____ **AND** I have enclosed a photocopy of the application receipt.

Teachers registered with the Victorian Institute of Teaching (VIT) are exempt from applying for a WCC Check, instead a photocopy of the VIT Registration Card should be provided to SU.

3. I am a teacher registered with VIT. My number is _____
AND I have enclosed a photocopy of my VIT Registration Card.

Please complete this page if you are a first time volunteer with SU, if you are changing teams, or if you have not been a team member for over 12 months. Everyone needs to update their qualifications at the bottom of the page.

1. Why do you want to be a leader with SU?

2. What is your understanding of being a Christian?

3. Tell us something about your spiritual journey?

4. How did you find out about SU and please give details of any previous association with SU.

5. What experience do you have working with children, youth or families other than with SU?

6. What other areas of church or community life are you currently involved in ?

7. Are you interested in receiving information about other SU ministries? If so which areas of ministry?
 Missions Camps Schools Resources

Areas of Interest and Experience

As part of your involvement on team, you will probably be carrying out a wide variety of activities .

Please indicate any of the following specialist skills that you are competent in.

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Handy skills <i>e.g. basic carpentry</i> | <input type="checkbox"/> Skiing – Nordic/Downhill |
| <input type="checkbox"/> Bible study leader | <input type="checkbox"/> Horse riding | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Bushwalking | <input type="checkbox"/> Instrument _____ , | <input type="checkbox"/> Tentage |
| <input type="checkbox"/> Canoeing/Kayaking | <input type="checkbox"/> Leading (<i>pls tick</i>)
Children __ Teens __ Adults __ | <input type="checkbox"/> Trade Skills – Specify |
| <input type="checkbox"/> Clowning | <input type="checkbox"/> Leading worship music | <input type="checkbox"/> Video Editing |
| <input type="checkbox"/> Cooking for large groups | <input type="checkbox"/> Marketing/Promotion | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Craft – Specify | <input type="checkbox"/> PA System | <input type="checkbox"/> White water rafting |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Puppetry | <input type="checkbox"/> Windsurfing |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Rock Climbing/Abseiling | <input type="checkbox"/> Other relevant skills |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Sailing | |
| <input type="checkbox"/> Eco-tourism | | |

*******Do you have current qualifications in any of the following:**

- | | |
|---|--|
| <input type="checkbox"/> Bronze Medallion Date completed: | <input type="checkbox"/> Motor Boat Licence |
| <input type="checkbox"/> First Aid Level Two or above. Level: Date completed: | <input type="checkbox"/> Heavy Vehicle Licence |
| <input type="checkbox"/> Food Hygiene | |
| <input type="checkbox"/> Other relevant qualifications e.g. Child Care, Teaching, Theology, Event Planning, Outdoor Recreation
Please specify: | |

Medical/Health And Fitness Information Name

Date of Birth / /

To assist us with any illness or accident and emergency treatment you may require while involved with our programs, please supply the following information. (This information will be held in the strictest confidence) *For children attending camp or mission with as part of a team family, parents need to complete a separate "Participant Medical & Personal Information Form (under 18)". See your Director if you require a copy of this form.*

1. Medicare No. _____ Your number on the card _____	2. Do you have Private Hospital Cover <input type="checkbox"/> Yes <input type="checkbox"/> No If yes level of cover _____
3. Personal Doctor (if any) _____ Doctor's phone number _____	Name of Fund _____ Contribution number _____
4. Do you have ambulance insurance or a current Health Care card(HCC)? <input type="checkbox"/> Yes <input type="checkbox"/> No HCC no: _____	

Emergency contacts during Mission/Camp/School Program (neither should be on the activity with you)

Name _____	Name _____
Address _____	Address _____
Phone/s _____	Phone/s _____
Relationship _____	Relationship _____

Important: Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that leader team members do not provide medications.

Will you need to take any tablets or other medication during the course of the program? Yes No

If yes, please list the medication:

Have you been taken off medication recently? If yes, please give details? Yes No

What is the year of your last tetanus injection? _____

Have you previously broken/fractured any bones? If Yes, please give details: Yes No

Specific Medical Conditions

Please indicate in the relevant columns if you have had any of the following. We need to know this information for your safety and care. Provide additional details if necessary.

Condition	In the Past	Now	Details: e.g. severity, last injection, treatment	Condition	In the Past	Now	Details: e.g. severity, last injection, treatment
Allergy-Animals	<input type="checkbox"/>	<input type="checkbox"/>		Fainting/ Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	
Allergy -Food	<input type="checkbox"/>	<input type="checkbox"/>		German Measles/ Rubella	<input type="checkbox"/>	<input type="checkbox"/>	
Allergy - Other	<input type="checkbox"/>	<input type="checkbox"/>		Glandular Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>		Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>		Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Hypoactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>		Measles	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>		Migraines	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>		Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	
Fits/ Convulsions	<input type="checkbox"/>	<input type="checkbox"/>					

Are there any other specific medical/psychological conditions we should be aware of? Allergies? Conditions? Illnesses? Do you have particular dietary requirements?

Any other information/issues relating to your current life situation that may impact upon the program and/or be helpful for your Director(s) to know:

Particular Activities

In attending the program, you consent to participation in a range of general sporting and recreational activities. If specific risk-oriented activities are included, the program will have informed you of these.

Are there any specific activities that you do not wish to participate in? Yes No

If yes, please specify:

Commitment

- I agree to abide by the requirements of "Child Safe/Lighting a Path to Safety".
- I am pleased to offer myself for service as an SU volunteer and will undertake the necessary training and preparation required.
- I agree with the SU Aims and Basis of Faith and I agree to comply with the Child Protection Statement.
- I recognise and am willing to accept the responsibilities of team membership and the authority of the Director.
- I am aware that I will represent Scripture Union and I agree that my conduct with children, young people and families will positively reflect a high standard of morality and ethics.
- I agree to inform the Director of any changes to any of the details in this form.
- I agree that disclosure of a police record or criminal history prior to commencing and during my participation in volunteer activities with scripture Union Victoria is a mandatory condition of my relationship with Scripture Union Victoria as a volunteer.
- I understand and agree that I will not be accepted by Scripture Union Victoria as a volunteer until I have received a satisfactory Working With Children Check.
- I understand that if Scripture Union Victoria accepts me as a volunteer I will remain a volunteer for the term of twelve months. A new application form will need to be completed every 12 months.
- I undertake to inform the Ministry Coordinator at SU Victoria immediately and in writing if the Ministry Coordinator requests me to, if I am interviewed in relation to and/or charged with and/or convicted of any criminal matters during the volunteer term. I agree that, in the event that I advise the Ministry Coordinator of any such matters, the Ministry Coordinator may revoke my position as a volunteer if he or she reasonably considers that I am no longer suitable to be a volunteer with SU Victoria.

Your Agreement with Scripture Union

I confirm that the information contained in this application is true and correct.

I agree to, and accept, the commitment required as a volunteer with Scripture Union

Your Medical and Health Agreement

I am aware in signing this document for my participation in this program that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers exist in the activities in which I will be participating. I acknowledge that while Scripture Union and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Scripture Union, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true, correct and complete.
- I agree to inform the leader of any change to these details.

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

Application cannot be processed without appropriate signature(s)

If Applicant is under 18, parent or guardian must sign:

Parent/Guardian Name:Signed:Date:/...../.....

Referees

Please give details of two people who have agreed to be your referees. One should be a minister/church leader and the other a committed Christian who knows you well. Neither should be a family member or Team Leader.

Relationship: <input type="checkbox"/> Minister <input type="checkbox"/> Church leader	Relationship:
Name	Name
Address	Address
Phone	Phone
Email	Email

Schools Team Member Fee (for Mission and Camp team members this charge is included in their team fees.)

The annual Team Member Fee is \$50. This covers costs such as administration, insurance, ChildSafe materials and allows SU Victoria to subsidise training fees and resources.

Please note that SU Mission volunteers are eligible for a discount on this fee. If you wish to apply for a discount, a discount/rebate application form can be downloaded from the SU Vic website www.suvic.org.au/volunteer. Please enclose this form with your application.

Please find enclosed \$ _____ Please tick your payment option:

Cheque enclosed (Payable to SU Victoria) Credit Card Invoice me

Credit Card details: Card Type Mastercard Bankcard Visa

Card Number ____ / ____ / ____ / ____ Expiry date ____ / ____

Name on Card Signature

Please contact your Regional Coordinator if you have any problems regarding payment of this fee.

Privacy

Protecting your privacy and the confidentiality of your personal information is important to SU as it is fundamental to the way we conduct Scripture Union Victoria. A copy of the SU Privacy Statement or detailed policy can be obtained from the SU Victoria web site or office. From time to time, photos taken of SU activities may be used for promoting the many benefits to participants. Information and photos from various activities may appear on the SU web site or publications. Under no circumstances will the subjects in the photographs be personally identified without prior consent.

Volunteer's Checklist:

Have you

- included a photocopy of your Working With Children Check Card (or VIT Card)?
- signed your Agreement with Scripture Union
- included your Team Member Fee of \$50? (Schools Volunteers only)

For Directors use

WWC photocopy submitted with form. Photocopy of Application Form made for Directors' use
OR Please photocopy at SU office and send to Director

For Office Use

Date Received .../.../... Date Processed on OA/.../... WWW Check No. provided Yes No

WWC Check Status Director Notified .../.../....