



**su**victoria

**Scripture Union Victoria**  
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# Volunteer Application Form Schools 2008

**One of the ways we can communicate God's loving compassion to children young people and families is to ensure their safety as part of our programs. Thank you for your time and energy to complete this form. It will help to ensure the safety and care of the children, young people and families we minister to.**

**The information requested in this form will:**

- Provide an insight into the applicant's experience, gifts, abilities and resources.
- Highlight an applicant's responsibilities as a leader
- Provide health and medical information which may be used in the event of an accident or injury
- Remain confidential

## Volunteer Application PART A

I am applying as a volunteer for *Primary SUPA Club/ELEVATE*  *Secondary ELEVATE*   
**On Completion of PART A, please return to your SUPA Club or Elevate Director OR  
Volunteer Application, Scripture Union Victoria, 157 Heidelberg Road, Northcote VIC 3070**

### 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) \_\_\_\_\_

### School team(s) I am applying to be part of:

School: \_\_\_\_\_ Location/Suburb: \_\_\_\_\_  
 Are you a first time applicant?  Yes  No

### Church details

The denomination I belong to is \_\_\_\_\_ Name of Church \_\_\_\_\_  
 Location \_\_\_\_\_

If you have been there less than 12 months, what is your previous church \_\_\_\_\_

### 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 _____

**Please tell us about yourself**                      or     **I have discussed this with the School's Team Leader**

1. Tell us about your experience of God or something about your spiritual journey.

2. What experience, qualifications, gifts and talents do you have that may be applicable in the area of SU Schools Ministry you are applying for? Please mention specialist skills through to hobbies & interests. Please note licences, certificates, council or TAFE qualifications that might be useful.

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**Child Protection**

1. As an SU volunteer it is required that you read the *ChildSafe Handbook* (formerly *Lighting a Path to Safety*)

I already have this book or will get a copy from my Director    OR ...  Please send me a copy.

2. Have you been interviewed, questioned or charged by Police in relation to any offence involving children, young people, violence alcohol or drugs?     Yes                       No

3. Have you been convicted of any offence involving children, young people, violence, alcohol or drugs?

Yes     No

If you answered yes on either question, please give details, or you may choose to discuss this with an SU staff worker.

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**Working With Children Checks**

***As an SU volunteer (aged 18 or over) you are required to apply for a Working with Children (WCC) Check***

*WCC Checks are valid for five years and are transferable between jobs or volunteer organisations. If your application is successful, you will receive a WCC card with a number.*

*Application forms for the WCC are available from participating outlets of Australia Post and is similar to applying for a passport. Check their website – [www.auspost.com.au/workingWithChildren/vic.asp](http://www.auspost.com.au/workingWithChildren/vic.asp) for participating outlets.*

*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 WWC card or my assessment notice from the Department of Justice.

If your WWC card is for another organisation, you need to complete the **'Change of Personal Details'** form downloadable from the WWC website [www.justice.vic.gov.au/workingwithchildren/](http://www.justice.vic.gov.au/workingwithchildren/) to add Scripture Union to your list of organisations. This form should be mailed to the Working with Children Check Unit whose address is on the form.

**OR**

2. I have completed a WWC application but have not yet received my card. Receipt number: \_\_\_\_\_

**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 WWC Check, instead a photocopy of the VIT Registration Card should be provided to SU.***

3. I am a teacher registered with VIT **AND** I have enclosed a photocopy of my VIT Registration Card.

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**Team Member Registration Fee**

The annual Team Member Registration Fee is \$50. This covers costs such as administration, insurance, Safety & Care 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.su vic.org.au/volunteer](http://www.su vic.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  Invoice my team leader

Credit Card details: Card Type  Mastercard  Bankcard  Visa

Card Number \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ Expiry date \_ \_ / \_ \_

Name on Card ..... Signature .....

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**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.

**Commitment**

- I have read 'Invitation to Serve with Scripture Union' and ....
- I am pleased to offer myself for service as an SU volunteer.
- I will undertake the necessary training and preparation required.
- I agree with the SU Aims and Basis of Faith.
- I agree to comply with the Child Protection Statement.
- I commit to read and abide by the guidelines in the "ChildSafe" Handbook.
- 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 these details.
- 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, this agreement will remain valid for a period of twelve months. A new application form will need to be completed after 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.
- I understand that I will be informed if the outcome of my application is unsuccessful.

**PTO to sign your agreement with Scripture Union...**



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**Volunteer Application PART B**

Given Name \_\_\_\_\_ Surname: \_\_\_\_\_

**Medical/Health And Fitness Form****Name:** \_\_\_\_\_

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.)

Medicare No. \_\_\_\_\_ Do you have ambulance insurance or a current Health Care card?  Yes  NoDo you have Private Hospital Cover  Yes  No If yes level of cover \_\_\_\_\_

Name of Fund \_\_\_\_\_ Contribution number \_\_\_\_\_

Personal Doctor (if any) \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

**Emergency contacts during the times of the 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	Present	Details: e.g. severity, last injection, treatment	Condition	In the Past	Present	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"/>		Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		HIV	<input type="checkbox"/>	<input type="checkbox"/>	
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>		Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>		Hypoactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>		Measles			
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"/>		Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Fits/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>		Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	

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**Specific Medical Conditions cont...**

Are there any other specific medical conditions we should be aware of? Allergies? Conditions? Illnesses?

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:

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**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:*

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**Medical & 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 and correct.
- I agree to inform the leader of any change to these details.

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**Name of Participant**

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**Signature of Participant**

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**Date**

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**Name of parent or guardian if under 18**

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**Signature of Parent or guardian if under 18**

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**Date**

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**For Directors use**

Specific Medical issues discussed with applicant

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**For Office Use**

Date Received .../.../...

Date Processed on OA ...../.../...

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