**APPLICATION FOR Volunteer Position at**

**WESTERN EMERGENCY RELIEF NETWORK INC.**

I ……..………………………………………………………………… Date of Birth:……………………..

(full name of applicant)

of .………………………………………………………………………………postcode ……..…………..

(address)

Phone: ………………….. Mobile: …………………….. Email ……………………………..…………….

desire to volunteer with **WESTERN EMERGENCY RELIEF NETWORK INC.**

(name of the Association)

In the event of acceptance as a volunteer, I agree to support the purposes of the Association, to abide by the Instructions and Guidelines within the Volunteer Orientation Guide and to be bound by the Rules of the Association for the time being in force.

I understand the need to comply with any lawful instructions from the appointed supervisors and managers from time to time appointed by WERN’s Committee of Management, to provide any requested Police Checks and provide any required medical information on a confidential basis for my own safety and that of my fellow volunteers.

**Recent Work / Volunteer History:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Organization | Role | Contact Name | Contact Details |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Qualifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Qualification | Organization | Contact Details |
|  |  |  |  |
|  |  |  |  |

**Availability:** Hours: \_\_\_\_\_\_\_\_ am to \_\_\_\_\_\_ pm.

Days\*: Tuesday / Wednesday / Thursday / Saturday Morning

Regularity\*: Daily / Weekly / Monthly \* **Please circle preferences**

………………………………………………

(signature of applicant)

**Volunteer Information for**

**WESTERN EMERGENCY RELIEF NETWORK INC.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | Date: | |  |
| Address: | |  | | | | | | | | | | | | | |
| Phone: | |  | | | | | Mobile: | | | |  | | | | |
| Email: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Emergency Contact Details | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | Relationship: | | | |  | | | |
| Phone: | |  | | | | | Mobile: | | | |  | | | | |
| Is your volunteer work part of a Centrelink program? | | | | | | Yes / No (Circle) | | | | | | | | | |
| Preferred Day/Days: | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Drivers Only | | | | | | | | | | | | | | | |
| Drivers Licence Number: | | | | |  | | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | |
| Medical Information | | | | | | | | | | | | | | | |
| This information is only used if there is a medical emergency or if you are in need of treatment and is kept confidential. | | | | | | | | | | | | | | | |
| Known Allergies: | | |  | | | | | | | | | | | | |
| Diabetic: | Yes / No (Circle) | | | | | | | | | | | | | | |
| Other information that can assist us to treat you in case of an emergency: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Do you hold a valid COVID-19 Certificate: Yes / No  Under Government Regulations WERN can only accept Volunteers with full, current vaccination, please attach a copy of your COVID-19 Vaccination Certificate with the return of this Form or send a copy of your certificate to [administration@wern.org](mailto:administration@wern.org) prior to commencement. | | | | | | | | | | | | | | | |
| Office Use | | | | | | | | | | | | | | | |
| Induction: | | |  | | | | | | Commenced: | | | | | | |
| Vaccination Cert. | | |  | | | | | |  | | | | | | |
| Handbook: | | |  | | | | | | Induction Source: | | | | | | |
| Shift/Apron: | | |  | | | | | |  | | | | | | |