

Volunteer Application Form

Volunteers at ADEC

About ADEC

ADEC is a state-wide Victorian organisation assisting people with disability, their families and carers from diverse cultural backgrounds. ADEC's philosophy is empowerment of people with disability and their full inclusion in the broader society.

ADEC Vision

To empower people with disabilities from ethnic backgrounds, their carers and families, to fully participate as members of the Victorian community.

ADEC Mission

To assist people with disabilities from ethnic backgrounds, their carers and families, to access services and to ensure that service systems are inclusive and responsive to their needs.

Benefits of Volunteering

Some reasons why people volunteer include:

- The opportunity to make a difference.
- The opportunity to make new friends and to develop new skills.
- Improving their chances of gaining entry into further training or paid work.
- Affirmation of their own cultural identity.

Personal Information

All information collected will be treated confidentially and will only be used for the purpose of assessing suitability to being a volunteer. Non-identifying information may be provided to the Department of Health and Human Services (DHHS) for planning and data collection purposes.

Personal Details

Name	Date of birth
Address	Postcode
Telephone (<i>home</i>)	(<i>Mobile</i>)
Email	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth	Culture
Language(s) spoken	
Please provide a brief statement explaining why you would like to be a volunteer with ADEC	

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Next of Kin/Emergency Contact

Name	
Relationship	
Address	
	Postcode
Telephone (<i>home</i>)	(<i>Mobile</i>)
Email	

Screening

Do you have:	
• A current Victoria drivers' licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• A current Police check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• A current Working with Children card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Your own transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Location

Are you able to travel to:	
• Our main office in Preston?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Our office in Dandenong?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Our office in Werribee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteering Information

Availability

Can you make a commitment to volunteering for 3-6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What tasks or duties would you like to perform? <i>(Please refer to ADEC website for more information on ADEC programs. You may tick more than one box)</i>			
<input type="checkbox"/> Reception duties			
<input type="checkbox"/> Administration and administrative support to ADEC programs			
<input type="checkbox"/> Friendly Visitor providing community and home support to ADEC clients			
<input type="checkbox"/> Marketing activities			
<input type="checkbox"/> IT support			
<input type="checkbox"/> Finance, and/or business development and planning			
How frequently would you like to volunteer?			
<input type="checkbox"/> Once a week	<input type="checkbox"/> Once every two weeks	<input type="checkbox"/> Once every three weeks	<input type="checkbox"/> Flexible
On which days are you able to volunteer?			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Flexible
At what times are you able to volunteer?			
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Flexible

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Previous Volunteer Experience

Please briefly list any previous training, and/or paid or unpaid work experience: *(or you may attach your resume if you have one)*

Name of Training Institute or Workplace	Course or Work Engaged In	Year

Referees

Please provide the names and contact details of two people who can provide you with a character reference. It is preferable to include at least one referee who is not a friend or relative.

Please let your referees know that we will contact them.

Name	Address	Phone Number

Declaration

I have read, understood and answered all the questions to the best of my ability and would like to be considered for a position as a volunteer with ADEC.

Name of Applicant	
Signature	Date

On completion please return this form to:

The HR Officer
175 Plenty Road, Preston, Vic 3072
Ph: (03) 9480 7000 Fax: (03) 9480 3444
Email: info@adec.org.au Web Site: www.adec.org.au

*Thank you for your interest in supporting ADEC.
We will make every effort to contact you within two weeks of receiving your application.*

Office Use Only

Date Applicant contacted	Date Applicant interviewed
Date Referees contacted	
Date Police Check received	Date WWCC received
Applicant <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Wait List Date advised	
Comments	