

Volunteer Application Form

ADEC is a trusted not-for-profit leader in providing innovative advocacy, disability, and aged care services to multicultural Victoria. With over 42 years of experience, ADEC is dedicated to advocating for a fair and inclusive community where everyone, regardless of culture, ability, or age, can achieve their fullest potential.

We uphold the values of accountability, diversity, empathy, and connection in all that we do.

Volunteer Information

Personal Information

All information collected will be treated confidentially and will only be used for the purpose of assessing suitability to being a volunteer. Personal information will be handled, stored, and protected in accordance with Australian privacy laws (The Privacy Act 1988).

Name:	
Address:	
Telephone (home):	Mobile:
Email:	
Culture:	Language(s) spoken:
<p>What areas of our work are you most interested (Please refer to ADEC website for more information on ADEC programs). You may tick more than one box.</p> <p><input type="checkbox"/> Capacity Building Programs</p> <p><input type="checkbox"/> Social Support Programs</p> <p><input type="checkbox"/> Community and Home Support Programs</p>	
Based on your current location, how many kilometres are you willing to travel to volunteer with a program?	
How did you hear about this volunteering opportunity?	

Emergency Contact /Next of kin

Name:	
Relationship:	
Address:	
Telephone (home):	Mobile:

Email:

Health and Safety

Do you have any medical conditions or allergies we should be aware of? Yes No
(If yes please provide additional details)

Do you have any physical limitations or restrictions that may affect your volunteering? Yes No
(If yes please provide additional details)

Screening

Do you have:

Victoria drivers' licence? Yes No

NDIS Worker Screening Check? Yes No

Working with Children Check (WWCC)? Yes No

Police Check Yes No

First Aid Certification (If relevant to the role) Yes No

Own transport Yes No

*All volunteers with ADEC will have a volunteer induction and must comply with the relevant Aged Care and NDIS screening requirements

Volunteering Information

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	Course or Work Engaged In	Year

Availability

Can you make a commitment to volunteering for 3-6 months? Yes No

How frequently would you like to volunteer?

Once a week Once every two weeks Once every three weeks Flexible

Days and times you are available to volunteer

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday 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
----------------------------------	------------------------------------	----------------------------------	-----------------------------------

References Information

Please provide Contact Details of two references (preferably from previous volunteer work or professional settings).

Please let your referees know that we will contact them.

1 st Referee Name:	Relationship with Applicant:
Phone Number:	Email:
2 nd Referee Name:	Relationship with Applicant:
Phone Number:	Email:

Declaration and Signature:

I, _____ hereby declare that the information provided in this Volunteer Application Form is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or, if discovered at a later stage, may lead to the termination of my volunteering role with ADEC.

I also acknowledge that I have read and understood the expectations and responsibilities associated with the volunteer role and agree to abide by the organisation's policies, procedures, and code of conduct.

By signing below, I consent to the collection, use, and storage of my personal information in accordance with (The Privacy Act 1988), and I understand that this information will be kept confidential and used solely for volunteer-related purposes.

Signature: _____

Date: _____

On completion, please return this for to The HR Officer:

Email: recruitment@adec.org.au

Address: PO Box 40, South Morang, VIC 3752

Ph: (03) 9480 7000

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 – HR Officer

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:	