



Dear Prospective Volunteer,

Thank you for your interest in volunteering with angelhands Inc.

We hold information sessions for prospective volunteers in the meeting room located at the rear of the lounge bar the **3rd Thursday of every month** (except December) between **5.30 to 6.15** at the **Odin Tavern, 51 Erindale Road, Balcatta**.

This information session will serve to introduce you further to the aims, goals and projects of angelhands, and expand on the role of the volunteer within our organisation. It will also serve as the first stage of our formal application process.

All prospective volunteers are required to attend an information session and induction prior to being formally recruited. You are also requested to provide the following requested documents on attendance should you wish to proceed with your application –

- A current resume with two referees
- A Completed application for us to undertake a National Police Clearance Check

Please **RSVP** by the close of business on the **second Thursday of each month if attending** also feel free to contact me with any queries you may have. My contact details are as follows – mobile: 0407 933 973 and/ or email: vc@angelhands.org.au

You may also wish to visit our website at www.angelhands.org.au for further information about who we are and what we do.

Kind Regards,

Karen

Volunteer Coordinator
angelhands Inc.

We at angelhands Inc believe that the community and government are unaware of, and thus often overlook, the needs of people affected by homicide, and serious interpersonal crime. Despite diversity, these victims of crime have needs that often overlap, and angelhands Inc. believe it is a basic human right for victims of crime to have the following things:
The right to have a voice, and to have that voice have a space and opportunity to be listened to. The right to have relevant and current information and resources delivered in a pro-active, affordable and timely fashion.

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ABN 37 256 294 316



Volunteer Application Form

Contact Details

Volunteer Name*: _____

Date of Birth: / /

Address*: _____

Telephone*: _____

Home/ AH: _____

Mobile: _____

Email: _____

Next of Kin*: _____

Contact No*: _____

* information is essential

Employment or Study Background: _____

Relevant Areas of Interest: _____

Please tell us briefly the reasons for your interest in volunteering and what you are hoping to gain from the experience?

Projects you think you may be interested in assisting with:

Patron/ Ambassador

Retreats

Fund raising/
Sponsorship

Administration tasks

Strategic planning

Conference

Law Reform

Brochure distribution

Peer-support Program

Training

Policy and procedures

Website content

Relationship building with
organisations

Volunteer Recruitment

Other Areas you may like to assist in: please suggest

Please tell us how many hours a week/ month you have to spend on an angelhands project/ activities, and where you would like to undertake these tasks i.e. at home or in angelhands environment:

Hours: _____ week/ month (please circle)

Environment: _____



Volunteer Application Form

Skills Set & Abilities

This section is designed to help us to make your involvement with angelhands as pleasant as possible, so please don't feel that this question is designed to judge you at all, rather we want to ascertain the most suitable areas for you to be involved in. You are asked to rate their skills and abilities in the following areas:

Please circle the number you feel is the appropriate one for yourself:

1 = Low level skills

5 = Average

10 = Excellent

1.1	Communication (general)	1	2	3	4	5	6	7	8	9	10
1.2	Expressiveness	1	2	3	4	5	6	7	8	9	10
1.3	Tolerance	1	2	3	4	5	6	7	8	9	10
1.4	Adaptability	1	2	3	4	5	6	7	8	9	10
1.5	Organisation skills	1	2	3	4	5	6	7	8	9	10
1.6	Capacity to be Self motivating	1	2	3	4	5	6	7	8	9	10
1.7	Ability to work as a team	1	2	3	4	5	6	7	8	9	10
1.8	Written skills	1	2	3	4	5	6	7	8	9	10
1.9	Telephone manner	1	2	3	4	5	6	7	8	9	10
1.10	Consistency/ reliability	1	2	3	4	5	6	7	8	9	10



Volunteer Application Form

Additional Information

Can you foresee any potential areas where a conflict of interest may arise for you? If so, what do you think you would do should such a situation arise?

Is there anything else you would like to tell us about yourself? If so, please tell us here.

Do you have any special needs or health conditions we should be aware of? If so, please tell us about them here.

APPLICATION FOR VOLUNTEER NATIONAL POLICE CHECK

This is not an application for a National Police Certificate

Part A: Personal Details (To be completed by volunteer) **(See page 2 for instructions for completing this form and further information)**

SURNAME: _____

GIVEN NAMES: _____

PREVIOUS, MAIDEN OR ALTERNATIVE NAMES: _____

DATE OF BIRTH: _____

MOTOR DRIVERS LICENCE NUMBER: _____ STATE OF ISSUE: _____
(If applicable)

HAS A WORKING WITH CHILDREN CARD APPLICATION BEEN SUBMITTED? YES/NO

Working with Children Application Number	
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Part B: Statement of Consent and Indemnity (To be signed by volunteer)

I consent to a check of the records of all Australian Police jurisdictions and to the acknowledgement of the existence of any court outcomes and/or pending charges being provided to an approved volunteer group.

In consideration of WA Police releasing an acknowledgment of any court outcomes or pending charges, under this application, I hereby indemnify the state of WA, its servants and agents including all members of WA Police against all actions, suits, proceedings, causes of actions, costs, claims and demands whatsoever which may be brought or made against it or them by any body or person by reason of or arising out of the reason of any details of any court outcomes and other information recorded against my name purporting to either relate to or concern me.

VOLUNTEER'S SIGNATURE _____ **DATE** _____

Part C Checklist (To be completed by representative of volunteer group)

Volunteer's personal identification checked	YES
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Working with Children Application Sighted if applicable	YES
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I, being a representative of the following volunteer group, request a Volunteer Police Check and confirmation as to whether the above named volunteer has any court outcomes and/or pending charges.

The individual's proof of identity has been checked and I confirm that the individual volunteer is in fact the person named in this form.

Any information received will be treated confidentially and used for the sole purpose of screening volunteers. This information will not be released to any third party.

I confirm that the above named will be conducting volunteer work within the set criteria for this scheme.

NAME OF VOLUNTEER GROUP _____

REPRESENTATIVE'S NAME AND SIGNATURE _____

APPLICATION FOR VOLUNTEER NATIONAL POLICE CHECK

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Instructions for completing page 1 of this form

Volunteers - please ensure that you:

- Write in ink, use BLOCK LETTERS and complete all sections of Part A (Personal Details).
- Sign and date Part B (Consent and Indemnity) on page 1 of this form
- Do not alter or delete the wording on the form in any way

Representative of Volunteer Group - please ensure that you:

- Complete Part C (checklist and certificate)
- Ensure suitable Proof of Identity is produced and the details on Part A (Personal Details) are completed correctly
- Retain this completed form in a secure place for a period of 2 years, as WA Police may audit any volunteers checks conducted.

Proof of Identity

Primary Identification, includes

- One or more of the following documents must be produced as proof of identity by the applicant:
- Previous or current Australian driver's licence with a photograph
- Australian Passport (not expired by more than 2 years)
- Current overseas Passport
- Birth Certificate or Extract of Birth (support document must also be produced if birth name has changed by marriage or deed poll)
- Visa or Immigration document
- Australian Document of Identity
- Australian Citizenship Papers

Secondary Identification

Where only one type of Primary Identification is produced, a second form of identification must also be produced, which may include:

- ATM access card issued by a financial institution
- Credit card (i.e. Visa, American Express, Diners, Bankcard etc.)
- Pension card issued by Veteran Affairs or Centre Link

What Is A Volunteer National Police Check

Western Australia

The criminal records database used by WA Police contains court outcome and charge information resulting from investigations initiated by police. Many offences are investigated and prosecuted by non-police agencies. The details of court outcomes and pending charges resulting from these investigations may not be included in the screening process. The release of certain court outcomes (eg. spent convictions) and pending charge information is restricted by legislation. Such information will not be acknowledged in the reply to the volunteer group.

Other Australian Police Jurisdictions

Where a police record with another Australian police jurisdiction has been identified, any relevant legislation and release policy governing that police jurisdiction will be applied before it is acknowledged. Under various sections of Commonwealth, State and Territory legislation a person has the right, in particular circumstances or for a particular reason, to not disclose certain court outcomes and pending charges. Such court outcomes and pending charges will not be acknowledged, providing this is in accordance with relevant legislation or release policy. If further information is required in relation to the legislation and release policies of any police jurisdiction, please contact that individual police jurisdiction directly.

The CrimTrac Agency

WA Police will utilise the services provided by the Commonwealth CrimTrac Agency to search and collate records held by other Australian police jurisdictions.



Volunteer Confidentiality Agreement

angelhands

This agreement is applicable to all volunteers who undertake service with angelhands.

All data, materials, knowledge and information generated through, originating from, or having to do with the organisation, or persons associated with our activities, including members and their families, prospective members, other volunteers and staff is to be considered privileged and confidential and is not to be disclosed to any third party.

All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages(received or transmitted), resources, contacts, e-mail lists, e-mail messages, client personal details, and staff information is confidential .

This also includes, but is not limited to, any information of, or relating to, our members, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Client information, including all file information, is not be disclosed to any third party, under any circumstances, without express evidence of consent by the client, and the terms to which the Committee, has agreed to.

Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary actions.

I _____ of _____
declare that I have read the Volunteer Confidentiality Agreement and understand accept all the terms.

I understand that by signing this document I have made a legally binding agreement with the organisation to respect the right to privacy as granted under the *Privacy Act 1988* (Cth) .

Signature of Volunteer

Date

Signature representative angelhands

Date

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