



# AHSL

7 Campfire Ct  
Werrington Downs NSW 2747  
415 724 571  
[info@ahsl.org.au](mailto:info@ahsl.org.au)

**ABN 73663953508, ACN 663953508**

## Volunteer Registration Form

[www.ahsl.org.au](http://www.ahsl.org.au)

Volunteer Details							
Title: Mr. Mrs. Ms	First Name:		Last Name:				
Male <input type="checkbox"/>	Female <input type="checkbox"/>		Date of birth:				
Address:							
Email Address:							
Telephone:	Home:		Mobile:		Work:		
Are you a member of the AHSL?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If not, would you like to be a member of AHSL?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have a current Driver's Licence?				Yes <input type="checkbox"/>	Licence Number _____		No <input type="checkbox"/>
Car: Manual <input type="checkbox"/>		Automatic <input type="checkbox"/>		Heavy Vehicle: <input type="checkbox"/>		International Driving Permit: <input type="checkbox"/>	
Volunteer Position ( <i>Please tick the programs that you are interested in</i> )							
<input type="checkbox"/> Support Group		<input type="checkbox"/> 24x7 Support Lines		<input type="checkbox"/> Bereavement Support			
<input type="checkbox"/> Hospital Chaplaincy Services		<input type="checkbox"/> Prison Chaplaincy Service Program		<input type="checkbox"/> Conducting Seminars			
<input type="checkbox"/> Meals on Wheels for homeless		<input type="checkbox"/> Home Cleaning Assistance		<input type="checkbox"/> Financial Assistance Program			
<input type="checkbox"/> Job Search Assistance Program		<input type="checkbox"/> School Tutorial Support Program		<input type="checkbox"/> Direct Counselling			
Other: ( <i>Please specify</i> )							
Availability to Volunteer:							
Preferred Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Please circle</i>	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Available to volunteer occasionally ( <i>Please specify</i> ):							
Formal Qualifications/ Training: ( <i>e.g. Diploma, Degree, Trade Certificate, First Aid Certificate, Advanced Driving etc</i> ):							
Computer Skills: ( <i>e.g. Word, Excel, Powerpoint etc</i> ):							
Languages ( <i>Other Than English</i> ):							
Knowledge of Gurbani ( <i>for Chaplaincy services</i> ):							
Can read <i>Nitnem</i> fluently:		From Gutka only <input type="checkbox"/>		Also from memory, including Ardaas <input type="checkbox"/>			

Emergency Contact				
Title: Mr. Mrs. Ms	First Name:		Last Name:	
Address:				
Telephone:	Home:	Mobile:	Work:	

## Volunteer Registration Form (*continued*)

<b>Parental Consent</b> <i>This section of the application form must be completed by all <b>applicants under 18 years of age</b>.</i>		
<b>Parent/Guardian's Name:</b>		<b>Relationship to Applicant:</b>
<b>Email:</b>	<b>Mobile:</b>	<b>Home Phone:</b>
I give permission for the applicant to work as a volunteer for AHSL		
<b>Parent/guardian signature:</b>		<b>Date:</b>

<b>Medical Information:</b> AHSL has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs. <i>Please comment on the impact of the following on work to be performed by you.</i>
<b>Do you have an existing medical disability/condition/injury? Please provide details.</b>
<b>Do you take any medication that may affect your work? Please provide details</b>

<b>Declaration</b> <i>Please read each statement and tick each checkbox to acknowledge your acceptance of each point below</i>
<input type="checkbox"/> I am applying for volunteer work with AHSL. <input type="checkbox"/> I agree to uphold and work within the Constitution of AHSL whilst carrying out my volunteer duties and when representing AHSL. <input type="checkbox"/> I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work. <input type="checkbox"/> I have read and understood the AHSL Code of Conduct Summary and agree to abide by the behaviours as set out in the orientation manual. <input type="checkbox"/> I declare that the information contained in this application is true and correct. <input type="checkbox"/> I understand that I may be required to undertake induction and/or service/program training prior to my commencement.
<b>Volunteer's Signature:</b> _____ <b>Date:</b> _____

Any queries, please phone us on 415 724 571.

<b>Where did you hear about volunteering opportunities at AHSL?</b> <input type="checkbox"/> Newspaper <input type="checkbox"/> Email <input type="checkbox"/> Advertisement <input type="checkbox"/> Facebook <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other(specify) _____
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<b>For office use only</b>	
Volunteer Coordinator:  Recommended: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: _____ Date: _____	President:  Recommended: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: _____ Date: _____

### AHSL PRIVACY STATEMENT

Australian Humanity Support Limited (the Foundation) is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this form/application and attached documents will be used primarily for the purpose for which that information is requested. Failure to provide all of the requested information may result in your application being rejected or the delay the processing of it. You have a right to access and correct any of your personal information that Foundation holds about you. The Foundation does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Foundation may disclose your information to third parties that provide services under contract to the Foundation. These contracts require the third party to keep your personal information confidential and secure.