

VOLUNTEER APPLICATION FORM



PERSONAL DETAILS					
TITLE (Mr, Mrs, Miss, etc.)		BIRTH DATE (DD/MM/YYYY)		GENDER	
FIRST NAME(S)				MIDDLE NAME(S)	
LAST NAME				PREFERRED NAME	
CONTACT DETAILS					
MOBILE		HOME PHONE		PREFERRED CONTACT METHOD	
EMAIL				HOW DID YOU HEAR ABOUT ERC?	
RESIDENTIAL ADDRESS					
STREET & No.					
SUBURB		STATE		POSTCODE	
POSTAL ADDRESS (leave blank if the same as Residential Address)					
PO BOX OR STREET & No.					
SUBURB		STATE		POSTCODE	

TRAINING, EDUCATION & EXPERIENCE							
If you have not completed your studies, provide us with your intended year of completion.							
HIGH SCHOOL				YEAR OF COMPLETION			
TAFE		COURSE		YEAR OF COMPLETION			
UNIVERSITY		COURSE		YEAR OF COMPLETION			
Please answer YES/NO if you have the following qualifications:							
DCSI SCREENING	YES / NO	BUS DRIVER'S LICENCE	YES / NO	FULL DRIVER'S LICENCE	YES / NO	BRONZE MEDALLION	YES / NO
FOOD SAFE HANDLING	YES / NO	CHILD SAFE ENVIRONMENTS	YES / NO	FIRST AID (SENIOR)	YES / NO	FIRST AID (BASIC)	YES / NO
ANY OTHER TRAINING							
If you have any experience working with the following, please briefly describe the experience(s):							
PEOPLE WITH A DISABILITY							
NEWLY ARRIVED REFUGEES							
PEOPLE WITH ENGLISH AS A SECOND LANGUAGE							
CHILDREN (0-12 YEARS OLD)							
YOUTH (12-18 YEARS OLD)							
INDIGENOUS PEOPLE							

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PERSONAL BACKGROUND					
Please answer YES/NO if you identify as any of the following:					
ABORIGINAL	YES / NO	TORRES STRAIT ISLANDER	YES / NO	CULTURALLY AND LINGUISTICALLY DIVERSE (CALD)	YES / NO

RELEVANT WORK HISTORY					
Please note both Voluntary or Paid Employment experience:					
PLACE OF WORK	CONTACT	PHONE	DUTIES	PAID OR UNPAID	PERIOD OF EMPLOYMENT

YOUR AREAS OF INTEREST	
Please mark your interest in the following Volunteer positions:	
PROGRAMS	
CAMP LEADER (working 1:1 with kids on programs)	YES / NO
FIRST AID OFFICER (First Aid Certificate required)	YES / NO
LIFE GUARD (Bronze Medallion required)	YES / NO
BUS DRIVER (relevant Bus Licence required)	YES / NO
KITCHEN HAND/COOK (Food Safety Handling preferred)	YES / NO
BEHIND THE SCENES	
JOINING A COMMITTEE FOR FUNDRAISING, VOLUNTEER RECRUITMENT & RESOURCES	YES / NO
CONTRIBUTING TO AND HELPING PRODUCE NEWSLETTER, WEBSITE & MARKETING TOOLS	YES / NO
ASSISTING WITH ADMINISTRATION DUTIES IN THE OFFICE	YES / NO

YOUR SPECIAL TALENTS	
Do you have a special talent that we could draw on for activities on our camps, e.g., juggling, artwork, coaching a sporting activity, singing, playing a musical instrument, magic tricks	
SPECIAL TALENTS	

NEWSLETTER & PHOTO CONSENT	
At times, photographs may be required for publicity, grant applications and on our websites. Photographs will not be used without consent. To ensure your well-being, please complete the 3 questions below:	
Do you give Edmund Rice Camps SA permission to send you regular updates through signing up to our regular newsletter email?	YES / NO
Do you give Edmund Rice Camps SA permission to include your photo in any general and group photographs where your face is NOT identifiable?	YES / NO
Do you give Edmund Rice Camps SA permission to include you in any photographs (for internal use only) where your face IS identifiable?	YES / NO
Do you give Edmund Rice Camps SA permission to use photographs in which your face IS identifiable on our website, in publications and/or in grant applications? (No names will be used.)	YES / NO

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EMERGENCY CONTACT DETAILS			
CONTACT PERSON 1			
NAME			
RELATIONSHIP			
PHONE NO.		ALTERNATIVE PHONE NUMBER	
CONTACT PERSON 2			
NAME			
RELATIONSHIP			
PHONE NO.		ALTERNATIVE PHONE NUMBER	

HEALTH DETAILS											
MEDICARE NUMBER					-						-
MEDICARE EXPIRY (DD/MM/YYYY)				LAST TETANUS INJECTION				YEAR			
DOCTOR NAME				DOCTOR SURGERY							
DOCTOR PHONE NO.				EPIPEN USED				YES / NO			
MEDICAL INSURANCE				MED INSURANCE NO.							
MED INSURANCE EXPIRY (DD/MM/YYYY)				AMBULANCE COVER				YES / NO			
CURRENT MEDICATION											
MEDICAL CONDITION											
MEDICAL NOTES											
DIETARY REQUIREMENTS											
ALLERGIES											

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REFERENCES

Please provide the name and contact details of at least 2 people who are prepared to act as Referees in support of your application. These people must not be relatives and must be prepared to comment on your suitability to be a volunteer for Edmund Rice Camps SA (e.g. Teacher, Parish Priest, Family friend, Co-worker, former and/or current Employer).

REFEREE ONE

GIVEN NAME(S)				LAST NAME		
PHONE	HOME		WORK		MOB	
EMAIL						
OCCUPATIONAL POSITION				RELATIONSHIP TO YOU (APPLICANT)		

REFEREE TWO

GIVEN NAME(S)				LAST NAME		
PHONE	HOME		WORK		MOB	
EMAIL						
OCCUPATIONAL POSITION				RELATIONSHIP TO YOU (APPLICANT)		

REFEREE THREE

GIVEN NAME(S)				LAST NAME		
PHONE	HOME		WORK		MOB	
EMAIL						
OCCUPATIONAL POSITION				RELATIONSHIP TO YOU (APPLICANT)		

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VOLUNTEER CODE OF CONDUCT

At all times Volunteers and Employees set an example of acceptable behaviour for children and young people. Through modelling positive behaviour and interactions, all Volunteers and Employees set a standard for children and young people to follow which is not confusing or contradictory.

To achieve the mission and goals of Edmund Rice Camps SA that Volunteers and Employees undertake, there is a need for them to focus on Participants, following the example of Edmund Rice.

- Familiarise myself with the policies and procedures of ERCSA and adhere to them at all times.
- Be punctual, polite, reliable and accountable
- Refrain from the use of stereotypes (gender, cultural, etc.) sexist or derogatory language and the use of threatening or aggressive words and actions at all times.
- Put my personal relationships with other Volunteers/Employees on hold while undertaking or participating in an ERCSA program. Whilst I will form close relationships and I need to care for myself, I will remember that ERCSA programs are an environment where the needs and best interests of the children, young people and families come first at all times.
- Commit myself to developing an appropriately friendly and supportive relationship with all Participants on camp. At all times, I will be mindful of the responsibilities that I have as a mentor, role model and leader.
- Strongly discourage swearing and inappropriate language in both Participants and Volunteers/Employees, understanding that I must lead by example.
- At all times promote fair play and team spirit as the theme of any game or activity. They are first and foremost for the benefit of Participants. Volunteers own enjoyment of them should be secondary to the Participants'.
- Accept full responsibility for the care of equipment and locations used by ERCSA. I will also encourage children, young people and families to care for the equipment and the locations used by ERCSA.
- Be prepared for the physical, emotional and psychological demands of attending an ERCSA program and as such ensure that I have sufficient sleep each night while on an ERCSA program and am ready for full participation.
- Monitor my stress levels and ensure that I seek support when I need it.
- Accept and respond positively to the support and direction of the Senior Leadership Team, including requests to take rest breaks.
- Participate in all activities fully and be present to supervise activities, unless my Senior Leadership Team gives me a designated task or break.
- Leave my mobile phone and all other electronic devices secured away during daily activities/camps.
- At all times, avoid being alone with a child/young person in accordance with the Child Protection Policy.
- Not smoke in front of Participants. If I smoke, I will negotiate a suitable arrangement with the Camp Manager, recognizing that it is preferable that there is no smoking at all during any ERCSA program.
- Be aware of maintaining a Child Safe Environment at all times.
- Physical contact with Participants should only be at the instigation of the Participant and in line with ERCSA's Physical Contact/Presence Guideline.
- Respect the confidentiality of Participants, volunteers, employees, and all other ERCSA stakeholders.
- Give notice of intention to leave the organisation.
- Carry out specified role descriptions both responsibly and ethically.
- Not contact Participants outside of ERCSA programs except as arranged through the Executive Officer, with the full agreement of the agency and family involved.
- Not use, carry, or consume, alcohol or illegal drugs on, or immediately prior to camp.

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APPLICANT DECLARATION		Please Tick	
I declare that:			
As a Volunteer with Edmund Rice Camps SA, I agree to comply with the Code of Conduct as per the previous page.			
The information I have provided is correct and understand that said information will remain confidential and assessed only by those involved in the selection of Volunteers.			
It is my belief that I would be an appropriate and competent person to fulfil various roles at Edmund Rice Camps SA I will conduct myself at all times in a manner becoming of a positive role model and in such a way that ensures I am able to provide the highest standard of care for the children, young people and families with whom I will be working			
I acknowledge the requirements of attending Child Protection & Behaviour Management Training, induction and orientation, pre-camp, post-camp evaluation and any other training Edmund Rice Camps SA sees as necessary and commit to fulfilling these requirements.			
I understand that my application to be a Volunteer for Edmund Rice Camps SA may be subject to attending an interview and satisfactory reference checks			
I have no physical and/or medical illness that may possibly affect my ability to perform roles within Edmund Rice Camps SA, or place other Volunteers and/or children in danger.			
I understand the rights a Volunteer has on ERCSA programs as a Leader Volunteer to be the following: <ul style="list-style-type: none"> • Up to date and accurate information about ERCSA. • Clear instruction, both verbal and written, regarding their roles within ERCSA. • Clear information regarding the structure of ERCSA. • Be adequately trained to undertake roles within ERCSA. • Be supported and supervised in their role. • Know to whom they are accountable. • A healthy and safe working environment • Be covered by insurance. • Be made aware of the grievance procedures within ERCSA. • Say no if you feel you are being asked to do anything for which you are not competent. 			
If over 18 years of age:			
SIGNED		DATE	
If under 18 years of age:			
I, (parent/guardian) _____ give permission for my child (child's name) _____ to participate as a Volunteer for Edmund Rice Camps SA			
APPLICANT SIGNED		APPLICANT DATE	
PARENT/GUARDIAN SIGNED		PARENT/GUARDIAN DATE	

PLEASE RETURN THIS COMPLETED FORM (together with copies of relevant certificates):

Submit via Mail to:
 Edmund Rice Camps SA
 PO Box 2122
 Magill North SA 5072

Submit via Email to:
 Volunteer Applications
 ERCSA@edmundrice.org