

VOLUNTEER APPLICATION FORM



PERSONAL DETAILS								
TITLE (Mr, Mrs, Miss, etc.)		GENDER		BIRTH DATE		LAST NAME		
GIVEN NAME(S)					PREFERRED NAME			
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	
PHONE	HOME			WORK			MOB	
EMAIL								
HOW DID YOU HEAR ABOUT ERC?					PREFERRED CONTACT METHOD			

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 MARK if you have the following qualifications:							
DCSI SCREENING		BUS DRIVER'S LICENCE		FULL DRIVER'S LICENCE		BRONZE MEDALLION	
FOOD SAFE HANDLING		CHILD SAFETY ENVIRONMENTS		FIRST AID (SENIOR)		FIRST AID (BASIC)	
OTHER TRAINING				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							
YOUNG PEOPLE / CHILDREN							
INDIGENOUS PEOPLE							

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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 your interest in the following Volunteer positions:	
PROGRAMS	
CAMP LEADER (working 1:1 with kids on programs)	
FIRST AID OFFICER (First Aid Certificate required)	
WATER SAFETY OFFICER (Bronze Medallion required)	
BUS DRIVER (relevant Bus Licence required)	
COOK (Food Safety Handling preferred)	
KITCHEN HAND	
BEHIND THE SCENES	
JOINING A COMMITTEE FOR FUNDRAISING, VOLUNTEER RECRUITMENT & RESOURCES	
CONTRIBUTING TO AND HELPING PRODUCE NEWSLETTER, WEBSITE & MARKETING TOOLS	
ASSISTING WITH ADMINISTRATION DUTIES IN THE OFFICE	

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 etc.	
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) Inc. permission to send you regular updates through signing up to our regular newsletter email?	
Do you give Edmund Rice Camps (SA) Inc. permission to include your photo in any general and group photographs where your face is NOT identifiable?	
Do you give Edmund Rice Camps (SA) Inc. permission to include you in any photographs (for internal use only) where your face IS identifiable?	
Do you give Edmund Rice Camps (SA) Inc. 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.)	

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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			
DOCTOR NAME/SURGERY		DOCTOR PHONE NO.	
AMBULANCE COVER		MEDICAL INSURANCE	
LAST TETANUS INJECTION		EPIPEN USED	
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) Inc. (e.g. Teacher, Parish Priest, Family friend, Co-worker, former and/or current Employer).

REFEREE ONE

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

REFEREE TWO

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

REFEREE THREE

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

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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) Inc., Volunteers and Employees undertake to detach from their own needs and focus on participants, following the example of Edmund Rice.

As a Volunteer with Edmund Rice Camps (SA) Inc., I (print name in full) _____ agree to comply with the Code of Conduct as follows. I declare that I will:

- 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.

Name (please PRINT): _____

Signed: _____

Date: _____

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APPLICANT DECLARATION		Please Tick	
I declare that:			
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) Inc. 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) Inc. sees as necessary and commit to fulfilling these requirements.			
I understand that my application to be a Volunteer for Edmund Rice Camps (SA) Inc. is 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) Inc., 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 Inc.			
APPLICANT SIGNED		APPLICANT DATE	
PARENT/GUARDIAN SIGNED		PARENT/GUARDIAN DATE	

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

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

Submit via Mail to:
 Edmund Rice Camps (SA) Inc.
 103 George Street
 Thebarton SA 5031