

Volunteer Application Form

Please complete all sections unless marked optional

PERSONAL DETAILS

Title: _____ First Name: _____ Last Name: _____
Street address: _____
Suburb: _____ State: _____ Postcode: _____
Phone: () _____ Mobile: _____
Fax: () _____
Email: _____

Work Skills and Preferences

Why would you like to assist Diabetes SA?

What skills do you believe you can bring to working as a volunteer with Diabetes SA?

What is/was your most current occupation?

If you are computer literate, please list the packages with which you are familiar, and your skill level, ie: beginner, intermediate, advanced.

Please indicate if there is a particular area you would like to work in, or type of work you would like to do:

Availability

- I am available on a daily / weekly / monthly basis (please circle)
 Monday Tuesday Wednesday Thursday Friday (please tick)
- I am available to assist with events.
- Please keep my details on file.
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Terms of Volunteering

Diabetes SA (located at 159 Sir Donald Bradman Drive, Hilton) is open Monday to Friday, 9:00am to 5:00pm. We ask that volunteers report to work at a time agreed with the Volunteer Coordinator.

Confidentiality and Intellectual Property

As a volunteer it is important that you understand that full confidentiality is kept regarding all incoming and outgoing correspondence, and all client information, and records, as per the Privacy Act and National Diabetes Services Scheme (NDSS) operational guidelines.

The undersigned acknowledges that the benefit, right, title and interest to any intellectual property created by or arising out of the services performed by the undersigned hereby vests absolutely in Diabetes SA unless the contract of engagement expressly states otherwise. The undersigned hereby assigns absolutely any benefit, right, title and interest the undersigned may have in the future rights to Diabetes SA

I have read and understand the criteria by which I will work as a volunteer staff member of Diabetes SA. If I do not perform according to this criteria, I understand that the organisation may request that my services no longer continue.

Signature _____ Date _____