**Applicants Contact Details:**

**Full Legal Name:** Click here to enter text.

**Pronouns:** Click here to enter text.

**Address:** Click here to enter text.

**Suburb:** Click here to enter text.

**State:** Click here to enter text.

**Post Code:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Date of Birth:** Click here to enter text.

**Country of Birth:** Click here to enter text.

**Citizenship & Visa Details:** Click here to enter text.

**Gender:** Click here to enter text.

**Driver’s License Number:** Click here to enter text.

**Emergency Contact Details:**

**Name:** Click here to enter text.

**Relationship:** Click here to enter text.

**Phone:** ­­­­ Click here to enter text.

**Email:** Click here to enter text.

**Working with Children Check:** **Yes** [ ]  **No**­­­­­­­­­­­­­ [ ]  Sighted Card No: Click here to enter text.

\*For some roles you may be requested to obtain a WWCC. It is free for volunteers. \*

 Please email a copy & attach the Organisation on to your list.

**Ambulance Subscription Yes** [ ]  **No** [ ]

\*In the case of an emergency an ambulance will be contacted and associated expenses the responsibility of individual members / volunteers, everyone is encouraged to have an ambulance subscription.

**Medical Conditions** Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks? If so, please detail:

­Click here to enter text.

**Note All medical and personal information will be treated as confidential!**

(You are required to disclose any relevant medical conditions and medication, for your safety and well-being.)

**Permission to Use Photographs & Video**

I Click here to enter text., AGREE for: LEO Club of Boroondara (Lions Clubs International) to take, use, and distribute photographs, to promote volunteering or the Organisation I allow such use.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** Click here to enter text.

**Type of Work Preferred:**

Please read Website: [www.leos.org.au](http://www.leos.org.au) for more organisation and program information that will assist in selecting your preferences, and then tick the appropriate box below:

|  |
| --- |
|[ ]  Administration, Policies and Procedures |
|[ ]  Special Interest Group |
|[ ]  Community Support/Community Engagement |
|[ ]  Peer Support/Case Management |
|[ ]  Events/Activities/Fundraising |
|[ ]  Recruitment / Human Resources |
|[ ]  Advisory Committee/Organisation Leadership |
|[ ]  Executive Management/Board of Directors |

**What days and times would you like to volunteer?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUES** | **WEDS** | **THURS** | **FRI** | **SAT** | **SUN** |
| **AM** |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **PM** |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Please highlight the skills, knowledge and or experience you may bring to this role:**

Click here to enter text.

**What position would you like to apply for?**

Click here to enter text.

 **Please highlight the skills, knowledge and or experience you may bring to this role:**

Click here to enter text.

**What position would you like to apply for?**

Click here to enter text.

**What qualifications and experience do you hold that would make you an ideal candidate for this position?**

Click here to enter text.

**Please indicate any Board/Committee that you have previously served:**

Click here to enter text.

**Please detail any previous volunteering work that you have been involved in:**

Click here to enter text.

**Please briefly state any additional skills or expertise that you have that would enhance the work of the Board/Committee:**

Click here to enter text.

**Please explain how your presence in the organisation would benefit the organisation:**

Click here to enter text.

**Is there anything you would like to declare which may be of some conflict that the members need to consider if your application progresses to the next stage?**

Click here to enter text.

**Applicant Declaration:**

1. Ideclare that to the best of my knowledge the information given is true and correct.
2. I understand that inaccurate, misleading, or untrue statements or knowingly withheld information may result in termination of engagement with this organisation.
3. I understand that this application does not constitute an offer of engagement.
4. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

**Name:** Click here to enter text. **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click here to enter text.

Please attach your resume and any other supporting documents, e.g. Qualification, Clearances, etc.

Please also return as a saved PDF file to Info@leos.org.au

Thank you for choosing to apply for a position within our organisation! 😊

**Office Use Only:**

**Date Received** (full application): Click here to enter text. | **Date for interview:** Click here to enter text.

**Confidentiality Statement signed?** [ ]  | **Code of Conduct Signed?** [ ]  |

**Volunteer Agreement Signed?** [ ]  | **NPC Conducted?** [ ]  | **WWCC Received** [ ] | **Proof of ID received?** [ ]  | **Entered into Database, and accounts created?** [ ]  | **Copy of Qualifications** [ ]

**Application Approved:** [ ]  Yes [ ]  No | **Referee Check been completed?** [ ]  Yes [ ]  No

**Membership accepted** (if applicable) [ ]  Yes [ ]  No | **Membership fee:** $25.00

**Orientation complete:** Click here to enter text. | **Induction complete:** Click here to enter text.

**Recruitment Delegate -** Name: Click here to enter text. | Position: Click here to enter text.

**Does this application require the President to follow up?** [ ]  Yes [ ]  No

**Notes:** (Intentionally left blank)

Click here to enter text.