



**suvictoria**  
**Scripture Union Victoria**  
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# Volunteer Application Form

revised **2007**

**A new form must be completed each year by all applicants for voluntary work within Scripture Union Victoria.**

The information requested in this form will:

- Provide an insight into the applicant's experience, gifts, abilities and resources.
- Highlight an applicant's responsibilities as a leader
- Provide health and medical information which may be used for your care and safety.
- Remain confidential

I am applying as a volunteer for **SUFM**  **Theos**  **SU Camps**

**On Completion** please return to your Camp/Mission Director **OR**  
**Field Ministries Admin Assistant, Scripture Union Victoria, 157 Heidelberg Road, Northcote VIC 3070**

## Personal Contact Details

Given Name \_\_\_\_\_ Surname: \_\_\_\_\_  
 Preferred Name \_\_\_\_\_  Male  Female Date of birth : \_\_\_\_\_  
 Family Name prior to marriage \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ No of children \_\_\_\_\_  
 Address \_\_\_\_\_  
 Suburb/Town \_\_\_\_\_ Postcode \_\_\_\_\_ Email \_\_\_\_\_  
 Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

## Team Preference and Availability

Are you a first time applicant  Yes  No  
 Have you been specifically invited to join a team?  Yes  No  
 Which team do you hope to join? \_\_\_\_\_

## Church details

The church I belong to is \_\_\_\_\_ Denomination \_\_\_\_\_  
 Location \_\_\_\_\_  
 If you have been there less than 12 months, what is your previous church \_\_\_\_\_

## Referees

Please give details of two people who have agreed to be your referees. One should be a minister/church leader and the other a committed Christian who knows you well. **Neither should be a family member or current director.**

Name of minister/church leader	Name of another person who knows you well
_____	_____
Address	Address
_____	_____
Phone	Phone
_____	_____
Email	Email
_____	_____

**Please tell us about yourself**

- 1. Why do you want to be a leader with SU?
  
- 2. What is your understanding of being a Christian?
  
- 3. Tell us something about your spiritual journey?
  
- 4. If you have a previous association with Scripture Union, please give details of your involvement. If you have no experience please indicate how you found out about SU.
  
- 5. What experience do you have working with children, youth or families other than with SU?
  
- 6. What other areas of church or community life are you currently involved in ?
  
- 7. Are you interested in receiving information about other SU ministries? If so which areas of ministry?  
 Missions  Camps  Schools  Resources

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**Areas of Interest and Experience**

As part of your involvement on team, you will probably be carrying out a wide variety of activities .

Please indicate any of the following specialist skills that you are competent in.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounting/Bookkeeping   | <input type="checkbox"/> Handy skills <i>e.g. basic carpentry</i>                     | <input type="checkbox"/> Skiing – Nordic/Downhill |
| <input type="checkbox"/> Bible study leader       | <input type="checkbox"/> Horse riding   | <input type="checkbox"/> Story Telling            |
| <input type="checkbox"/> Bushwalking              | <input type="checkbox"/> Instrument _____ ,   | <input type="checkbox"/> Tentage                  |
| <input type="checkbox"/> Canoeing/Kayaking        | <input type="checkbox"/> Leading ( <i>pls tick</i> )<br>Children __ Teens __ Adults__ | <input type="checkbox"/> Trade Skills – Specify   |
| <input type="checkbox"/> Clowning                 | <input type="checkbox"/> Leading worship music  | <input type="checkbox"/> Video Editing            |
| <input type="checkbox"/> Cooking for large groups | <input type="checkbox"/> Marketing/Promotion  | <input type="checkbox"/> Water Skiing             |
| <input type="checkbox"/> Craft – Specify          | <input type="checkbox"/> PA System  | <input type="checkbox"/> White water rafting      |
| <input type="checkbox"/> Cycling                  | <input type="checkbox"/> Puppetry   | <input type="checkbox"/> Windsurfing              |
| <input type="checkbox"/> Drama                    | <input type="checkbox"/> Rock Climbing/Abseiling                                      | <input type="checkbox"/> Other relevant skills    |
| <input type="checkbox"/> Desktop Publishing       | <input type="checkbox"/> Sailing  |   |
| <input type="checkbox"/> Eco-tourism              |   |   |
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**Do you have current qualifications in any of the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> Bronze Medallion  | <input type="checkbox"/> Motor Boat Licence    |
| <input type="checkbox"/> First Aid Level Two or above. Level: _____  | <input type="checkbox"/> Heavy Vehicle Licence |
| <input type="checkbox"/> Food Hygiene  |  |
| <input type="checkbox"/> Other relevant qualifications e.g. Child Care, Teaching, Theology, Event Planning, Outdoor Recreation |  |
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**Child Protection**

1. As an SU volunteer it is required that you read the *Child Safe Handbook* (formerly titled *Lighting a Path to Safety Team Members Handbook*).

I already have this book or will get a copy from my Director OR ...  Please send me a copy.

2. Have you been interviewed, questioned or charged by Police in relation to any offence involving children, young people, violence alcohol or drugs?  Yes  No

3. Have you been convicted of any offence involving children, young people, violence, alcohol or drugs?

Yes  No

IF you answered yes on either question, please give details, or you may choose to discuss this with an SU staff worker.

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**Working with Children Checks (WCC)**

**As an SU volunteer (and if you are 18 years or over) you are required to have a Working with Children Check (WCC)**

These checks are valid for five years and are transferable between jobs or volunteer organisations. If your application is successful, you will receive a WCC card with a number.

Application Forms for the WCC are available from participating outlets of Australia Post and are similar to applying for a passport. Check their website –

[www.auspost.com.au/WorkingWithChildren/vic.asp](http://www.auspost.com.au/WorkingWithChildren/vic.asp) for participating outlets. These checks are free when you are a volunteer but you do need passport photos for them. Many post offices can take your photo for you.

1. My Working with Children Check card number is \_\_\_\_\_

**AND**  I have enclosed a photocopy of my WWC card or my assessment notice from the Department of Justice.

If your WWC card is for another organisation, you need to complete the **'Change of Personal Details'** form downloadable from the WWC website

[www.justice.vic.gov.au/workingwithchildren/](http://www.justice.vic.gov.au/workingwithchildren/) to add Scripture Union to your list of organisations. You can also obtain a copy of this form from your mission director. This form should be mailed to the Working with Children Check Unit whose address is on the form.

**OR**

2. I have completed an application but have not yet received my Working with Children Check card. The receipt number of my application is \_\_\_\_\_

and  I have enclosed a photocopy of the application receipt.

**Teachers registered with the Victorian Institute of Teaching (VIT) are exempt from applying for a WWC Check, instead a photocopy of the VIT Registration Card should be provided to SU.**

3. I am a teacher registered with VIT

and  I have enclosed a photocopy of my VIT Registration Card.

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**Privacy**

Protecting your privacy and the confidentiality of your personal information is important to SU as it is fundamental to the way we conduct Scripture Union Victoria. A copy of the SU Privacy Statement or detailed policy can be obtained from the SU Victoria web site or office. From time to time, photos taken of SU activities may be used for promoting the many benefits to participants. Information and photos from various activities may appear on the SU web site or publications. Under no circumstances will the subjects in the photographs be personally identified without prior consent.

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**Commitment**

- I have read the SU Team Member handbook.
  - I am pleased to offer myself for service as an SU volunteer.
  - I will undertake the necessary training and preparation required.
  - I agree with the SU Aims and Basis of Faith.
  - I agree to comply with the Child Protection Statement.
  - I commit to read and abide by the guidelines in the “Child Safe/Lighting a Path to Safety” Team Members Handbook.
  - I recognise and am willing to accept the responsibilities of team membership and the authority of the Director.
  - I am aware that I will represent Scripture Union and I agree that my conduct with children, young people and families will positively reflect a high standard of morality and ethics.
  - I agree to inform the Director of any changes to any of the details in this form.
  - I agree that disclosure of a police record or criminal history prior to commencing and during my participation in volunteer activities with scripture Union Victoria is a mandatory condition of my relationship with Scripture Union Victoria as a volunteer.
  - I understand and agree that I will not be accepted by Scripture Union Victoria as a volunteer until I have received a satisfactory Working With Children Check.
  - I understand that if Scripture Union Victoria accepts me as a volunteer I will remain a volunteer for the term of twelve months. A new application form will need to be completed every 12 months.
  - I undertake to inform the Ministry Coordinator at SU Victoria immediately and in writing if the Ministry Coordinator requests me to, if I am interviewed in relation to and/or charged with and/or convicted of any criminal matters during the volunteer term. I agree that, in the event that I advise the Ministry Coordinator of any such matters, the Ministry Coordinator may revoke my position as a volunteer if he or she reasonably considers that I am no longer suitable to be a volunteer with SU Victoria.
  - I understand that I will be informed of the outcome of my application to be a volunteer with Scripture Union by either a Director or Ministry Coordinator as soon as it is practicable after my application has been lodged.
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**Your Agreement with Scripture Union**

I confirm that the information contained in this application is true and correct.

I agree to, and accept, the commitment required as a volunteer with Scripture Union

Name: .....Signed: .....Date: ...../...../.....

*Application cannot be processed without appropriate signature(s)*

If Applicant is under 18, parent or guardian must sign:

Name: .....Signed: .....Date: ...../...../.....

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**Please also complete and sign the medical/health/fitness form page 5&6**

# Medical/Health And Fitness Form

Name: \_\_\_\_\_

To assist us with any illness or accident and emergency treatment you may require while involved with our programs, please supply the following information. (This information will be held in the strictest confidence)  
*For children attending camp or mission with as part of a team family, parents need to complete a separate "Participant Medical & Personal Information Form (under 18)". See your Director if you require a copy of this form.*

Medicare No. \_\_\_\_\_ Do you have ambulance insurance or a current Health Care card YesNo

Do you have Private Hospital Cover Yes No If yes level of cover \_\_\_\_\_

Name of Fund \_\_\_\_\_ Contribution number \_\_\_\_\_

Personal Doctor (if any) \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

## Emergency contacts during Mission/Camp/School Program (neither should be on the activity with you)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone/s \_\_\_\_\_ Phone/s \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**Important:** Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that leader team members do not provide medications.

Will you need to take any tablets or other medication during the course of the program? Yes No

*If yes, please list the medication:*

Have you been taken off medication recently? If yes, please give details? Yes No

What is the year of your last tetanus injection? \_\_\_\_\_

Have you previously broken/fractured any bones? If Yes, please give details: Yes No

## Specific Medical Conditions

Please indicate in the relevant columns if you have had any of the following. We need to know this information for your safety and care. Provide additional details if necessary.

Condition	In the Past	Present	Details: e.g. severity, last injection, treatment	Condition	In the Past	Present	Details: e.g. severity, last injection, treatment
Allergy-Animals	<input type="checkbox"/>	<input type="checkbox"/>		Fainting/	<input type="checkbox"/>	<input type="checkbox"/>	
Allergy -Food	<input type="checkbox"/>	<input type="checkbox"/>		Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	
Allergy - Other	<input type="checkbox"/>	<input type="checkbox"/>		German	<input type="checkbox"/>	<input type="checkbox"/>	
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>		Measles/	<input type="checkbox"/>	<input type="checkbox"/>	
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>		Rubella	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Glandular	<input type="checkbox"/>	<input type="checkbox"/>	
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>		Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>		Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		HIV	<input type="checkbox"/>	<input type="checkbox"/>	
Fits/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>		Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please give details:				Hypoactivity	<input type="checkbox"/>	<input type="checkbox"/>	
				Measles	<input type="checkbox"/>	<input type="checkbox"/>	
				Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
				Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	
				Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	

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**Specific Medical Conditions cont...**

Are there any other specific medical/psychological conditions we should be aware of? Allergies? Conditions? Illnesses?

Any other information/issues relating to your current life situation that may impact upon the program and/or be helpful for your Director(s) to know:

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**Particular Activities**

In attending the program, you consent to participation in a range of general sporting and recreational activities. If specific risk-oriented activities are included, the program will have informed you of these.

Are there any specific activities that you do not wish to participate in?  Yes  No

If yes, please specify:

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**Medical & Health Agreement**

I am aware in signing this document for my participation in this program that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers exist in the activities in which I will be participating. I acknowledge that while Scripture Union and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Scripture Union, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true, correct and complete.
- I agree to inform the leader of any change to these details.

_____ Name of Participant	_____ Signature of Participant	_____ Date
_____ Name of parent or guardian if under 18	_____ Signature of Parent or guardian if under 18	_____ Date

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**For Directors use**

WWC photocopy submitted with form.

Photocopy of Application Form made for Directors' use    OR     Please photocopy at SU office and send to Director

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**For Office Use**

Date Received .../.../...	WWW Check No. provided <input type="checkbox"/> Yes <input type="checkbox"/> No	WWC Check Status .....
Date Processed on OA ...../.../...		Director Notified .../.../....