

# Sanadi Foundation Volunteer Application Form

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Language:  Arabic  English  Other/s \_\_\_\_\_ Occupation: \_\_\_\_\_

Education Level: \_\_\_\_\_ Special Skills & Qualifications: \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Driver's licence:  YES  NO If YES, provide licence number: \_\_\_\_\_

Have a registered car:  YES  NO If YES, do you have comprehensive insurance cover:  YES  NO

Volunteering Experience:  YES  NO If YES, please specify: \_\_\_\_\_

### Affiliation with Cancer:

Have you ever had cancer?  YES  NO If YES, answer questions (1), (2) & (3); if NO, go to questions (4), (5) & (6)

(1) What type of cancer: \_\_\_\_\_

(2) When was the diagnosis? \_\_\_\_\_ When was treatment completed? \_\_\_\_\_

(3) What is your current health status? \_\_\_\_\_

(4) Have you been or are you a carer, family member, partner or friend of someone affected by cancer?  YES  NO

(5) What is your relationship to the cancer patient? \_\_\_\_\_

(6) What is their current health status? \_\_\_\_\_

**Availability for voluntary work:** In the table, indicate the most suitable days and times for you

	Mon	Tue	Wed	Thu	Fri
AM					
PM					

**How frequently can you attend on the day/s times above?**

Weekly     Fortnightly     Once per month     Other \_\_\_\_\_

**Area/s of Interest for Voluntary Work:**

**Select all that you feel interest you**

- |  |  |
|--|--|
| <input type="checkbox"/> Providing support via telephone (Sanad-Link)  | <input type="checkbox"/> Helping organise social or physical activities                        |
| <input type="checkbox"/> Coordinating a support group  | <input type="checkbox"/> Helping at events e.g. information sessions or fundraising activities |
| <input type="checkbox"/> Providing face to face support at a person's home or during treatment                                   | <input type="checkbox"/> Helping with conducting surveys                                       |
| <input type="checkbox"/> Providing practical support e.g. driving a person to treatment, picking up and delivering their grocery | <input type="checkbox"/> Office administration and clerical support.                           |

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Privacy & confidentiality:** Arab Council Australia as the auspice body of Sanadi Foundation is bound by the National Privacy Principles. Information provided will only be used for administrative and insurance purpose.

**OFFICE USE ONLY**

Name of Volunteer: \_\_\_\_\_ Ref. No: \_\_\_\_\_

Interview conducted by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Referees checked:  YES  NO    Current Criminal Check:  YES  NO    Current WWCC  YES  NO

Applicant assigned a role  YES  NO    RELEVANT D

- |   |  |
|---|--|
| <input type="checkbox"/> Record of Interview on file  | <input type="checkbox"/> Current Driver's Licence checked        |
| <input type="checkbox"/> Job Role Description provided to the volunteer and a copy placed on file | <input type="checkbox"/> Confidentiality Form completed          |
| <input type="checkbox"/> Current Criminal History Check on file                                   | <input type="checkbox"/> Volunteer Partnership Agreement on file |
| <input type="checkbox"/> Current Working with Children Check on file                              | <input type="checkbox"/> Training provided                       |
|   | <input type="checkbox"/> Database updated                        |

Information checked by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Resignation:** \_\_\_\_\_ Date: \_\_\_\_\_

- Exit Interview held
- Thank you letter
- Database updated