

Windara Communities

253 Sextonville Rd
Casino NSW 2470
PH: 6662 3800

Please fill out this form and return to Windara Communities to receive consideration for a volunteer position. You may mail this form to our mailing address, attach it to an email to our volunteer coordinator at manager@windara.org.au, or drop it by our office.

Windara Communities is a not for profit organization working in Casino area to provide activities and services within the disability sector to maintain their mental and physical health. We invite volunteers over the age of 21 and of any race or creed to engage with our clients at our site, online, and by providing various services.

After we receive your application, we will contact you and arrange for an interview in person or by phone with our volunteer coordinator. All information on this form will be kept confidential and will help us find the perfect volunteer project for you. Please be advised that, since we work with a vulnerable population, we require a criminal background check and a NDIS Worker Check. We will advise how this may be done in the most efficient way.

Volunteer Application Form

First Name: _____ **Last Name:** _____

Street Address: _____

Town: _____ **State:** _____ **Postcode:** _____

Home Phone: _____ **Mobile Phone:** _____

Email: _____

Employer (if applicable) : _____

Date of Birth: _____

Do you have skills, special interests or experience that you would like us to consider when placing you into an appropriate position?

Please describe any physical limitations: _____

As we work within the NDIS Framework do you have the following?

Working with Children Check Yes No

NDIS Worker Check Yes No

Current Police Check Yes No

Up to date COVID Vaccination Yes No

(Documentation will be required for all of the above)

If No are you prepared to obtain these checks and provide documentation

Yes

No

Here are some of the volunteer positions we offer. Please check the ones you would be most interested in.

Office Duties / Administration: Routine office tasks, Answering Telephones, Correspondence

Nursery Activities: Sales, Seed raising, propagation, pruning

Gardening: Vegetables, Flowers, shrubs, Weeding, Lawn Mowing

Kitchen / Café: Assist with Functions, preparation of food, setting up of rooms,

Cleaning: In Home cleaning, Cleaning of Café & Function rooms, offices, windows

Events: Functions, Weddings, promotions

Fundraising: May involve telephone calls, writing thank you notes, or grant writing

Communications: Writing copy for publications and fundraising messages. Social media & Web

Marketing/publicity: Promotions, Advertising

Transportation: *Car required.* Taking clients to doctor's appointments, shopping, or to a religious service etc

Teaching: Nutrition, how to use a computer, how to use social media, how to use Zoom, Facetime, and other communication apps, Woodworking, Metalworking

Other (please specify): _____

Do you have any special skills you could use at Windara e.g. languages? Please specify.

Do you have any experience working in the disability sector? If yes, please describe.

What are your reasons for wanting to volunteer at Windara Communities?

What days would you be available? Mon: Tues: Wed: Thurs: Fri: Sat:

How many hours are you available per week? _____

Do you prefer Morning? Yes No Afternoon? Yes No

What Hours can you work: Start _____ Finish _____

So that you will get the most of your time at Windara we ask that you:

- Embody the inclusion of “Where everyone is equal”
- Participate and complete all relevant induction processes that maybe required
- Operate under the direction and supervision of nominated staff
- Be a role model and support to our supported staff.
- Let us know if you wish to change the nature of your contribution (i.e. Hours, days etc)
 - o If you cannot attend on the agreed day / time
- Respect the privacy and confidentiality of any information obtained throughout the course of your duties at Windara

Emergency contact:

Name: _____ **Phone:** _____ **Relationship:** _____

Please provide the names and contact information of two character references:

1. Name: _____

Telephone: _____

Relationship: _____

2. Name: _____

Telephone: _____

Relationship: _____

Liability Release:

As a volunteer of Windara Communities I agree to abide by all policies and procedures as spelled out in the volunteer handbook. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____

Date: _____