



VOLUNTEER APPLICATION FORM

FAN INFORMATION MARKED WITH AN * IS NOT MANDATORY

Full name: _____

Any previous name(s): _____

Address: _____

_____ Postcode: _____

Home phone: _____ Work: _____

Mobile: _____ Email: _____

Occupation & employer (if applicable): _____

* Drivers licence number: _____ * Date of birth: _____

* Marital status: _____ * Ages of children (if any): _____

Do you consent to Family Access Network checking with appropriate authorities such as law enforcement agencies for matters relevant to your background? YES / NO

Are you able to commit to a maximum of 3hrs per week over a twelve month period? YES/NO

Do you agree to maintain regular contact with the Co-ordinator of Volunteers for supervision purposes? YES/NO

Are you available to attend a Volunteer Induction Training (dates will be provided)? YES / NO

Do you agree to attend regular Volunteer Support Meetings (dates will be provided)? YES / NO

* Do you use any form of drugs (prescription or other)? _____

* Have you ever or are you currently receiving counseling, psychiatric or prolonged medical treatment? _____

* Have you ever been charged with a criminal offence? _____

What skills do you believe you have to offer young people? _____

What do you hope to achieve by being a Volunteer with FAN? _____

What is the reaction of others significant to you (eg: spouse / partner / children / family) to the possibility that you may become a Volunteer with Family Access Network? _____

PLEASE TURN THE PAGE

I acknowledge and agree that:

1. I am not obliged, if called upon, to perform the role of Volunteer for which I have applied.
2. I acknowledge that if successful there will be a 3 month mandatory probationary period for all Volunteers entering the program
3. The Agency is not obliged to provide an explanation, should my application be unsuccessful
4. The Agency is not obliged to link me with, or actively seek to involve me with a young person, and
5. As part of the Agency's process, Agency professional personnel will seek additional personal information from me.

Please circle any relevant areas below if you are also willing to consider Volunteering with Family Access Network in an additional capacity:

Fundraising / Planning or running activities / Committee Member / Donations

Volunteer Policy and Profile

Family Access Network is a community based organisation and the Volunteer Program is designed to assist young people who have shown a need for a strong relationship with an interested adult. While the program is an interfaith and interracial one, the desires of the young persons are respected in the selection of the appropriate adult Volunteer.

In determining whether an applicant may be considered a suitable Volunteer and the extent to which information shall be communicated to both parties, due consideration is given to past and present factors in the health, personality and behaviour of each individual and/or family constellation. The professional Agency personnel may deem certain information shall be provided, the names of parties described shall be held confidential before the applicant is linked to a young person. Any party has the right to refuse to enter into the agreement based upon the information so communicated.

An interview is designed to establish a profile of you and your interests. This profile will be used by the Agency to best link you with young people and until such time your profile will be kept in the strictest confidence. A similar profile of clients will be discussed with you prior to linking you to a house, to ensure all parties are respected.

Applicant Release Form:

Authorisation for release of confidential information for Family Access Network application:

I acknowledge that it will be necessary for Family Access Network to investigate my background and check my character references. I consent to this and I hereby authorise any agencies, individuals or other entities such as past or present employers, educational institutions law enforcement agencies, social services and other such entities with which I have had contact, to release any information requested by Family Access Network in relation to me to Family Access Network.

Signature of applicant: _____

Date: _____