



Our Saviour Office Use:

# Volunteer Application

*Loving, supporting and caring for our community, through our volunteers*

\*Note that Information supplied on this form will be treated as confidential.

## Personal Details

Full Name:		Date of Birth:	Gender:
Home Address:			Postcode:
Postal Address: (if different to Home Address)			Postcode:
Email Address:		Phone:	Mobile:
Position/tasks you are offering to volunteer for:			
Briefly state the reason/s why you want to volunteer for this position/task:			
List any qualifications, training or experience that you bring to this position/task:			

## Referees

*Please include the contact details of two people who have agreed to be your referee.*

*(Referees should: know you well (for at least 6 months), be able to speak about your suitability, be over 18, not be family member.)*

Referee 1		Referee 2	
Name:		Name:	
Address:	Postcode:	Address:	Postcode:
Email:		Email:	
Phone:	Mobile:	Phone:	Mobile:

## Duty of Care Information

List medical conditions, allergies, or other relevant information that may impact your volunteering ability or that we should be aware of:

Emergency Contact Name:		Relationship to the Applicant:	
Address:			Postcode:
Mobile:	Phone (Home):	Phone (Work):	
<h3>Children, Youth and Vulnerable People</h3> <p><i>The Lutheran Church of Australia and New Zealand and its churches, schools and agencies are committed to providing the highest possible standard of care and protection to children, youth and vulnerable people who are involved in our activities.</i></p> <p><i>LCA policy states: "In bringing God's love to life, the church is committed to ensuring the health, safety and welfare of all children who engage with the church. It will take all reasonable measures to nurture children and protect them from harm and ensure compliance with all legislative requirements for the prevention of harm to children. All children and young people are to be embraced, regardless of their abilities, sex, gender, or social, economic or cultural background, and their equity is to be upheld. Bullying and harassment of children is not to be tolerated."</i></p>			
Blue Card - Queensland Government legislation requires - <b><i>no card, no start.</i></b>			
Blue Card Number:	Expiry Date:	Is your Blue Card linked to Our Saviour? YES <input type="checkbox"/> NO <input type="checkbox"/>	
List LCA Professional Standards Workshops you have completed: <i>(e.g. Professional Standards Level 1 Workshop or equivalent)</i>		Date Completed:	
List the current Professional Standards Leaders Training you have completed. <i>(e.g. Level 2- SP3 Safety Management For Leaders / Team Leader and/or Coordinator)</i>		Date Completed:	
Have you read and understood our policies and procedures on the protection of child/vulnerable persons and code of conduct including complaints and investigative procedures?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been interviewed questioned or charged by the police in relation to any offence involving children, young people, vulnerable people, violence alcohol or drugs?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been convicted of any offence involving children, young people, vulnerable people, violence alcohol or drugs?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If you answered yes for either question, please give details below or discuss it with the person/s listed at the bottom of this form.</i>			
Do you commit to maintaining confidentiality at all times in your position/tasks in compliance with the Privacy Act and the policies of the LCA/NZ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we include your contact details in membership lists, congregation directory, or other Church publications?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we include images of you and your participation in the programs and activities of the Church in publications that promote the ministries of the Church to the wider community?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
I confirm that all the information contained in this application is true and correct. <i>(If the applicant is under 18 a parent or guardian must also sign.)</i>			
Name: _____	Signed: _____	Date: _____	
Name: _____	Signed: _____	Date: _____	

#### Standard Collection Notice

Our Saviour Lutheran Church, Rochedale collects personal information, including sensitive information, about you before and during the course of your membership of the Church. Some of the information we collect is to satisfy the Church's legal obligations, thereby enable it to discharge its duty of care.

**PLEASE RETURN YOUR COMPLETED FORM TO: CARL ECKERMANN OR PASTOR LEE KROEHN**

Details updated in Our Saviour Database