

VOLUNTEER APPLICATION FORM
Beyond Disability Inc

ABN: 82 846 344 613 A registered tax exempt charity in Australia Webpage www.bdi.org.au
Registered for GST Registered Number A0037035K E-mail: helpful@bdi.org.au
Mail to: Beyond Disability Inc. PO Box 1451 Pearcedale 3912. Secretary: secretary@bdi.org.au
Team Leader Tricia McGill mob: 0419 114 313

BDI Volunteer Applicant Details

Name:..... DOB.../...../.....Married Y/N

Full Address.....
.....Pcode.....Telephone.....
Mobile.....Email.....

Other
email.....
(In the event of something happening to you who do we call?)

Name.....relationship.....Phone.....

Skills you bring to BDI
.....
.....

Please provide details of past employment: If Volunteer group cross out "employer"

(We require details of employer or other roles over past 10 years)

Employer Name.....Contact person.....

Address.....Phone.....

Employer Name.....Contact person.....

Address.....Phone.....

Skills:

The role of a BDI volunteer requires you to teach a disabled person who needs a lot of patience to use a computer, send emails, browse the web, Skype, maintain PC (defrag/clean up temp files etc.), Facebook, Skype, photos and other ways to facilitate social communication

Any other relevant computer skills / comments (please specify)

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Do you have a reliable car for home visits? Y / N REG No:.....

Model.....Year.....

Please detail any matter that may impede you as a volunteer including all medical issues. We may need a doctor's clearance. (Attach details please)

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As part of our conditions for funding we need to verify your background because you will be going into the homes of housebound disabled who may be vulnerable.

(We require mail addresses of 2 referees please as we need to send a written questionnaire)

1. Entity.....Name.....

Position.....

Relationship to Volunteer.....

(Preferably not a family member or friend)

Address.....Phone

2. Entity.....Name.....

Position.....

Relationship to Volunteer.....

Address.....Phone.....

Conditions

1. I consent and agree to BDI conducting reference checks and police checks of me in the course of processing my application and I have a current Working With Children card or will be applying for one.
2. I agree to return any BDI equipment & materials provided to me during the course of my work as a BDI volunteer, within 24 hours of ceasing to be a BDI volunteer for any reason.
3. I acknowledge and agree that all existing and future intellectual property rights in any and all information created by me (including documentation, photographs, manuals, processes and procedures) in the course of my work as a BDI volunteer will be owned by BDI, effective from the date of creation. To facilitate this, I hereby assign to BDI (including by way of assignment of future intellectual property rights) all rights, title and interest in all information created by me in the course of my work as a BDI volunteer.
4. I agree to act in accordance with BDI policies, the job description and to follow the reasonable directions of BDI during the course of my work as a BDI volunteer.

5. I agree not to do anything illegal or anything outside the guidelines that would bring BDI into disrepute during the course of my work as a BDI volunteer.

6. I confirm that I have read and understood the "BDI Privacy Policy", available for download on the BDI website at www.bdi.org.au or by email from helpful@bdi.org.au and hereby consent to BDI collecting my personal information for the purpose of processing my application and otherwise using it in accordance with the "BDI Privacy Policy". I understand that I can seek access to the personal information that BDI holds about me upon request and that if I do not provide all the information sought by BDI in this application form, BDI may not be able to process my application to become a volunteer.

Executed as a Deed Poll in favour of Beyond Disability Inc:

Signature of volunteer (must be an adult)date...../...../.....

Signature of BDI Committee (must be an adult).....date...../...../.....