

PERSONAL DETAILS

Title preference (*optional*) Dr. / Mr / Mrs / Miss / Ms

Name _____

Gender _____ Date of Birth ____/____/____

Address _____
_____ Postcode _____

Preferred Postal Address if different to the above. _____

Telephone (H) _____ Mobile _____

Email _____

Are you currently (*please circle*) Student Unemployed Employed Retired Other (*please state*) _____

Driver's Licence Yes / No Use of Car Yes / No On Bus Route Yes / No

Other Languages Spoken _____ Written _____

Are you a member of COTA SA? No / Yes Membership Number _____

How did you hear of COTA SA? (*please circle*) Brochure Newspaper Newsletter TV Radio Word of Mouth
'COTA' publication Volunteering Website COTA SA Website Other (*please state*) _____

YOUR BACKGROUND

Skills, knowledge, interests (*that you enjoy and would like to use in your volunteer role*)

Do you have knowledge of ageing and older people? Please explain _____

Previous Volunteer Role _____

Previous Employment Position _____

In what area would you like to contribute to COTA SA? My Aged Care System Navigation() Peer Education()
Events() Board() Plug In() Community Visitors Scheme() Policy Council() Zest Fest() Strength For Life()
External Committee Representation() Reception Relief Assistance() Not Sure () Other () _____

Is there any reason why you would be unsuited to a particular volunteer role at COTA SA? _____

Availability (*please circle*)

Monday am/pm Tuesday am/pm Wednesday am/pm Thursday am/pm Friday am/pm Weekends am/pm

PERSONAL REFERRAL

Please give the details of two people, **other than family or friends**, who have agreed to be referee's for the volunteer role you have applied for.

Name _____ Telephone _____
Organisation _____
Name _____ Telephone _____
Organisation _____

RELEVANT MEDICAL INFORMATION

COTA SA is responsible for the safety and wellbeing of all volunteers. We strive to ensure that the voluntary opportunities and the environment are supportive and promote wellbeing. Please be assured that information given will be treated with *Strict Confidentiality*.

Do you have a medical condition of which COTA SA needs to be aware, which may preclude you from fulfilling your volunteer role in a safe way and for COTA SA to ensure your safety and wellbeing? Yes / No

If yes, please give details _____

_____ Medic Alert Number (if applicable) _____

Known Allergies _____ Medication (if you feel it is appropriate for us to be informed, please provide details of prescription or over the counter medication you are taking, which may impact on your ability to fulfil your volunteer role) _____

EMERGENCY CONTACT INFORMATION

Name _____ Contact Persons number _____

Doctor name _____ Doctor's number _____

CONFIDENTIALITY CLAUSE

I certify that to the best of my knowledge, the above details are correct and complete.
I understand and agree to abide by COTA SA Objectives, Principles, Policies and Procedures.
Further, I understand that it is my obligation and responsibility to COTA SA, it's volunteers and employees, not to disclose any confidential information obtained in the course of my volunteer role.

Signature of Applicant _____

Date _____

Signature of Interviewer _____

Date _____

Return to: Volunteer Coordinator
COTA SA
16 Hutt Street, Adelaide SA 5000
pwraith@cotasa.org.au

PRIVACY STATEMENT
COTA SA's Privacy Policy is on the COTA SA website
<https://www.cotasa.org.au/Privacy.aspx> or if you would like a printed copy posted to you, please phone Paloma 0882320422

OFFICE USE ONLY

References Checked Date:
Sign:
National Police Certificate Approved
Date: Sign:
Volunteer Coordinator Approval
Date: Sign:
Date Commenced:
Program:
Date Finished:
Information entered on Volunteer Data
Base by Corporate Services Staff Date:
Sign: