



VOLUNTEER DETAILS FORM

Full Name:			Date:			
Gende	r: Date of Birth:					
Addres	ss:					
			Postcode:			
Teleph	one numbers M:	H:				
w :	Email:		-			
Do you	ı have a Working with Children Check card?	? □ Yes	□ No			
1.	If Yes please provide Card no.		Expiry date———			
2.	If No please complete the application:- Go	to <u>https://online</u>	e.justice.vic.gov.au/wwcc			
3.	Organisational Details: In 2 Life Inc., 11 Cla Phone: 03 9088 5520	rence Street, Be	ntleigh East, Victoria, 3165.			
Do you	have a current Crim Check?	□ Yes	□ No			
All volu	unteers are required to obtain a Crim Check.	. There is no cha	rge to you to do the check.			
1.	If YES please provide a copy or the expiry d	ate:				
	'	If NO please complete the form by following this link:				
	https://www.crimcheck.org.au/check/In2Life					
3.	Forward an email to us: with your copies of your ID.					
	NB. For those applicants who mail or email their identity documents there will no longer be					
	aneed to have certified true copies, the applicant can send an uncertified photo or photocopy of their documents, there is no need to retain the copies of the ID documents					
	photocopy of their documents, there is no	need to retain th	ne copies of the ID documents			
	OF KIN - We will contact your next of kin in t you are volunteering.	he case of an acc	cident, emergency or injury			
Name:		Relationship	to you:			
M:	H:	W:	·			
Email:						

1. **VOLUNTEERING**

1.1	willy do you want to become a stride voic	anteen:					
□ To gi	ive back to the community						
□ Stud	□ Studying in a related field						
□ To ga	ain new skills						
□ To m	neet new people						
□ Adva	ance career prospects						
□ Othe	er (please state):						
1.2	1.2 What do you hope to get out of the volunteer experience?						
1.3	Have you had previous volunteer roles?	□ Yes □ No					
If 'yes'	, please list them below:						
Org	ganisation:	Organisation:					
Role	e:	Role:					
Dur	ration (i.e. June 2010-November 2012):	Duration (i.e. June 2010-November 2012):					
Cor	ntact Name:	Contact Name:					
Cor	ntact Number:	Contact Number:					

2. WHO ARE YOU?

2.1 What best describes you?				
□ Employed – How many hours on average do you work per week?				
□ Student – How many contact hours do you have per	week?			
□ Self-employed – How many hours on average do you	work per week?			
□ Stay-at-home parent - Hours a week committed to p	arenting and other activities?			
☐ Unemployed - Hours a week committed to other acti	ivities?			
☐ Retired - Hours a week committed to other activities	?			
2.2 Have you ever interacted with young people a	Have you ever interacted with young people aged 12 to 25 years of age? ☐ Yes ☐ No			
If 'yes', how and when?				
3. WHAT IS REQUIRED OF YOU				
3.1 Supervision and Support				
Close support, guidance and supervision is available to all volunteers and is a requirement of your participation in the program. ALL volunteers are required to have contact with their program coordinator at least once per quarter.				
Are you able to commit to the requirements above?	□ Yes □ No			
What types of support do you feel you would need as a volunteer?				

3.2	Commitment					
Stride's programs aims to reflect best practice standards. For this reason, we require that volunteers commit to at least 12 months involvement with this program.						
Are you able to commit to the requirements above? □ Yes □ No						
3.3	On-going Training					
Volunteers are expected to attend a volunteer meeting once per quarter in order to keep skills and knowledge updated as well as allowing for catch-ups with the Program Coordinator. In these meetings the coordinator will provide further training to volunteers as appropriate.						
Are yo	ou able to attend on-going training?	□ Yes	□ No			
3.4	Drugs and Alcohol					
Are you able to commit that you will not have any contact with a young person whilst you are affected by, or consuming, drugs or alcohol? Yes No						
4.	ISSUES YOUNG PEOPLE FACE					
4.1	What do you believe are some issues young people face today?					
4.2	How did you find out about the Stride Program?					

5. REFERENCES

Please provide the names and contact details of two people who can act as referees for you. Nominated referees should include:

- 1 Employer or supervisor
- 2 Friend or character reference

volunteer with each of your referees.

All nominated people need to: have known you for at least 12 months, not be a significant other, not be related to you, have regular contact with you and be able to vouch for you. Please ensure you inform your referees that we will be in contact with them. All references are strictly confidential.

Please tick this box to indicate that you have discussed your application to become a

Please return this form by Email: office@stride.org.au or by post to:

IN 2 LIFE – STRIDE PROGRAMS Volunteer Coordinator, 11 Clarence St, East Bentleigh, Vic, 3165

Thank you! We look forward to meeting you soon.