

Contact Details					
Given Names		Gender	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other		
Surname		Date of Birth			
Home Address					
Postal Address <i>(if different)</i>					
Suburb		Postcode			
Postal Address					
Home phone		Work		Mobile	
Email address					
Emergency Contact Person					
Contact Name		Relationship			
Daytime phone		Alternative Phone			
How did you hear about volunteering with Lifeline?	<input type="checkbox"/> Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Lifeline Volunteer <input type="checkbox"/> Flyer <input type="checkbox"/> Newspaper <input type="checkbox"/> Volunteer Referral Service <input type="checkbox"/> Other _____				
Employment Details					
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
How many hours/days do you work per week?					
What is the name of your primary employer?					
Please list any qualifications or industries					
Please list any relevant skills or experience					

If you have previously undertaken voluntary work with any organisation, please list it here:

What personal strengths, qualities and skills do you feel you bring to Lifeline?

How will this opportunity benefit you personally or professionally? List three benefits?

1.

2.

3.

		Yes	No
<p>Do you have any relevant, pre-existing medical conditions including illnesses or injuries which might adversely impact on your ability to safely or effectively volunteer for Lifeline Albury Wodonga as a Crisis Supporter?</p> <p>If 'Yes', please provide details:</p> <p style="text-align: right;"><i>(attach additional pages if required)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Are there any other factors that we should know about, which may adversely impact on your capacity or availability to volunteer for Lifeline Albury Wodonga?</p> <p>For example: <i>transportation difficulties, limited availability, plans to move interstate or overseas, etc.</i></p> <p style="text-align: right;"><i>(attach additional pages if required)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
Character Reference			
<p>Please provide the contact details of a person other than a family member or close friend who has known you for at least 18 months and can attest to your character.</p> <p>This could be from either a workplace, other volunteer or community organisation, place of study, pastor or a committee colleague.</p>			
Contact Name		Relationship	
Daytime phone		Alternative phone	

Disclosure

Volunteering as a Crisis Supporter is both challenging and extremely rewarding. The Crisis Supporter Workplace Training course can also be challenging and not all people are suited to the role of Crisis Supporter.

As an organisation experienced in the provision of mental health services and support, we are committed to safeguarding our volunteers' welfare through a range of proactive measures. We may request additional documents for some medical conditions.

In return, we ask that all volunteers who participate in this vital service recognise and honour the commitment they are making, which includes:

- Participation on a fair and reasonable basis, in afterhours shifts (i.e. after 5pm and on weekends). This is vital to enabling Lifeline Australia to provide 24-hour Crisis Support services nationally.
- During Phase 1 of the training course, you must successfully complete all E-Learning modules and must attend weekly training sessions as specified in the Training Calendar.
- Following successful completion of Phase 2, you must:
 - Fulfil 12 on phone hours a month at a minimum
 - Attend and participate in Reflective Practice Supervision and Professional Development activities
 - Submit to annual Police Record Checks as required by Lifeline Albury Wodonga.

By submitting this application you agree to uphold our expectations so far as is reasonably practical. Nothing in this application constitutes an employment agreement and you consent to donating your time and services to Lifeline Australia as a willing and consenting volunteer.

Applicant Signature

I certify that to the best of my knowledge, these particulars are true and accurate and that I have not knowingly provided any false or inaccurate information.

I have read and understand:

- The CSWT Pre-enrolment Course Information
- That progress into each Phase of the CSWT course is by invitation only and is based on assessment of my competence by Lifeline Albury Wodonga
- The application process as described in this form.

Signed:

Dated:

Submit your Application

Submit this application form and all attachments to:

Email: Training@lifelinealburywodonga.org.au

Post: Crisis Support Coordinator, PO Box 16, Albury NSW 2640

Application process:

- You will receive an email acknowledging receipt of your application
- Your applications will be reviewed by the Crisis Support Coordinator
- If further information is required, we will contact you directly
- Unsuccessful applications will be advised as soon as possible prior to the commencement of training.

Your Privacy:

Lifeline Albury Wodonga complies with the requirements of the Australian Privacy Principles and the Privacy Act 1988. The information you provide in this application will be stored securely and your personal information protected.

You can request to have your personal information de-identified or destroyed at any time by contacting Lifeline Albury Wodonga on (02) 60 211 077 or by email to admin.aw@lifeline.org.au