



Community Home Care
3 Parade Rd
Bunbury 6230
P.O. Box 1776 Bunbury 6231
Phone: 08 9721 4988
Fax: 08 9721 4832
Email:
volunteer@communityhomecare.org.au

Thank you for the interest you have shown in volunteering with Community Home Care.

Please find enclosed:

- Volunteer Expression of Interest Form
- Privacy and Confidentiality Agreement
- Volunteer Statement of Understanding
- Drivers Declaration
- Code of Conduct
- Application for Volunteer National Police Check

I hope you will find this information useful. However if you require any further information, please don't hesitate to contact me on **9721 4988**.

I look forward to hearing from you in the near future.

Yours Sincerely,

Allan Jones / Jess O'Dea
Volunteer Coordinator



Trusted in your Community

Community Home Care Volunteer Expression of Interest Form

Name:			
Preferred name		Date of Birth:	
Address:			
Phone No.		Mobile	
Email address:			
<p>What type of Voluntary Work are you interested in?</p> <p> <input type="checkbox"/> Driving <input type="checkbox"/> Meals on Wheels Driver <input type="checkbox"/> Meals on Wheels Assistant <input type="checkbox"/> Social Support <input type="checkbox"/> Administration <input type="checkbox"/> Weekend Excursions </p>			
What class of driver's license do you hold?			
What is the expiry date?			
<p>Please tell us about any experience you may have of working with frail aged and/or disabled people. If you have no previous experience, please tell us why you would like to work with this particular client group.</p>			
<p>Please tell us briefly about your work recent experience both paid and voluntary.</p>			
<p>What are your interests, skills and hobbies, (please include any languages other than English which you speak)</p>			
How many hours each week would you be able to give to volunteering?			
<p>What days and times are you definitely not available? _____</p>			
<p>Which days and times would you prefer to volunteer? _____</p>			
Do you hold a current First Aid Certificate? (please circle)			YES / NO
Do you have any pre-existing medical conditions that may affect your work?			YES / NO
If yes, please give details:			YES / NO

Please provide details of two emergency contacts:		
<i>Name:</i> <i>Address:</i> <i>Phone No</i> <i>Mobile No.:</i> <i>Relationship to you:</i>	<i>Name:</i> <i>Address:</i> <i>Phone No:</i> <i>Mobile No.:</i> <i>Relationship to you:</i>	
What motivates you to work as a Volunteer for Community Home Care?		
How did you hear about us?		
Please provide details of two referees:		
Name: Address: Phone No: Mobile No.: Relationship to you:	Name: Address: Phone No: Mobile No.: Relationship to you:	

(Please note that Community Home Care will organise a Police Clearance Certificate on your behalf before you will be able commence volunteering.)

Signed: _____

Date: _____

Privacy and Confidentiality Agreement

It is expected that a volunteer will respect the confidentiality and privacy of all work conducted for Community Home Care and its consumers. You will also be expected to abide by the following conditions in respect to privacy:

- a) The volunteer undertakes not to disclose to any person, or make use of, any information or material in respect of any consumer or other employee, or other volunteer, which has been obtained, by the volunteer during the course of his/her involvement with Community Home Care.
- b) Volunteers will not remove or copy any information, including consumer information, from the Community Home Care premises without the consent of the CEO.
- c) The restrictions contained in sub clauses (a) and (b) above do not apply to:
 - i. The use or disclosure of such information in the normal course of the volunteers duties; and
 - ii. Information, which has already become public knowledge other than as a result of a breach of this clause by the volunteer.
 - iii. Information that is required by law to be disclosed.
- d) The restrictions contained in clauses (a) and (b) above apply both during the term of involvement and after ceasing voluntary involvement with Community Home Care.
- e) If a volunteer discloses confidential information pursuant to paragraph (c) above, the person disclosing the information must ensure that the recipient of it is aware of the confidential nature of the information and is under the same obligation to protect its confidentiality.
- f) Failure by the volunteer to comply with any part of the above mentioned, or any act by the volunteer which may cause Community Home Care to suspect or believe the volunteer is responsible for any breach of privacy or confidentiality, may cause legal proceedings to be instigated by Community Home Care against the volunteer.
- g) The volunteer will indemnify Community Home Care and maintain such indemnity for all costs and expenses whether legal or otherwise which Community Home Care may incur as a result of or in relation to any action or proceeding whatsoever which hereafter may be taken or proceeded with by Community Home Care in any court, tribunal or body in relation to a failure by the volunteer to comply with the provisions above.
- h) Upon termination of voluntary employment the volunteer shall return to Community Home Care all property belonging to Community Home Care, and all information obtained by the volunteer during the period of involvement with Community Home Care.
- i) Removal of any property, belonging to Community Home Care, consumer based files or any information belonging to Community Home Care whatsoever, without the express permission of the CEO shall represent a breach of this agreement.

Information in this agreement means information in any form (including written, oral, electronic, symbolic etc.).

I acknowledge that I have read, understood and agreed to the contents of the Community Home Care Privacy and Confidentiality Agreement.

Volunteer Signature

Date: ___/___/___

Volunteer Statement of Understanding

Upon joining Community Home Care, all volunteers are expected to read, sign and honour the Volunteer Code of Conduct.

1 Confidentiality

I will honour the confidentiality of Clients, other Volunteers and Workers and adhere to the established Community Home Care Confidentiality Policies and Procedures. I agree to consider information pertaining to social and medical conditions, family situations and other facts of a highly personal nature as confidential and therefore I understand that I am not to disclose this information to any person who is not authorized by Community Home Care to have access to such information without the specific permission of the individual concerned.

2 Non-discrimination/Equity

In keeping with Community Home Care's philosophies and policies, Community Home Care will neither practice nor tolerate discrimination or harassment against any volunteer, worker or client on the grounds of race, creed, colour, place of origin, ethnic origin, ancestry, citizenship, political or religious affiliation, gender, sexual orientation, age, marital status, family relationship, economic status or disability. I will treat clients, volunteers and workers of Community Home Care with dignity and respect.

3 Alcohol/Drug Use

I understand that being under the influence of alcohol or drugs may interfere with my ability to undertake my volunteering role. I therefore agree not to perform my volunteering duties under the influence of drugs or alcohol.

4 Boundaries and Relationships

I agree to maintain the limits I have set for myself with respect to the emotional and physical resources I am willing to provide. If I find myself in a situation that requires me to do something outside of my role description, I will ask for assistance or support, or refer when appropriate. I will not share personal information with clients such as my home address and personal telephone number.

I will agree to keep my volunteering duties separate from my personal life. I agree that the relationships I develop with Community Home Care Clients must have strict boundaries. Developing sexual relationships, inviting Clients to my home and giving out personal telephone numbers or addresses is not acceptable behaviour.

5 Training and Continuing Development

I understand that in accepting a volunteer position with Community Home Care, I am agreeing to undertake and complete the necessary training before and during the course of my volunteer work. I will do this by attending meetings, seminars and workshops as required.

6 Gifts

I understand that I should not accept gifts from Community Home Care Clients except home garden produce or home baking.

7 Harassment, Bullying & Abuse

I agree that I will under no circumstances harass, bully or abuse, either physically or verbally, any client, volunteer or staff member of Community Home Care. I also agree that if I believe I am being subject to any form of harassment, bullying or abuse that I will report the incident immediately to the Chief Executive Officer.

8 Advice

I agree that I will not give advice to clients as my advice is based solely on my opinion and may lead to negative consequences for the client if it is misinformed or misunderstood.

9 Supporting Family Networks

I agree that I must undertake my duties in a manner which enables clients to live independently in the community which can be best achieved through the maintenance of family and social networks. I agree that I will not become involved with clients' family disputes or disagreements and will work to enhance the existing family networks in place and not replace them.

10 Treatments of Clients

I agree that I will treat all clients with courtesy, respect and consideration. I will have a non-judgemental approach to my volunteer work and will not impose my own values on others.

11 Supports and Supervision

I agree to attend support and supervision sessions in order to provide the opportunity for me to gain support in my role, resolve any issues and identify training and development needs.

12 Dress Code

I understand that Volunteers are ambassadors for Community Home Care and I therefore agree that while working I will dress appropriately in neat clothes which are not offensive to clients.

13 Occupational Health and Safety

I agree that I have read and understood Community Home Care's Occupational Health and Safety Policy and I agree to work to the standards defined in this policy. I agree to notify Community Home Care of any hazards I identify any or incidents which occur, during my time volunteering, which may pose a risk to my self or others.

14 Reliability and Punctuality

I agree that I will endeavour to keep to agreed days and times of volunteer work. If this is not possible, I will contact Community Home Care as soon as practicable to advise of any changes.

15 Grievance Procedures

I agree that I will follow any grievance procedures set down by the Management Committee to resolve any conflicts which occur during my time with Community Home Care.

16 Non-compliance

I understand that failure to adhere to any part of this code may affect the reputation of Community Home Care and result in my suspension from Community Home Care.

The first 60 days of volunteering at Community Home Care will be an introductory period. All voluntary appointments will be appraised after this period. Subject to satisfactory completion of the introductory period, this statement of understanding will run for an initial period of 12 months commencing on: (Date) _____

If the agreement is not terminated on the date of expiry, it shall be assumed to extend for another period.

Name (Volunteer): _____ **Signed** _____

Date _____

Name (Community Home Care): _____ **Signed** _____

Date _____

Code of Conduct

Employees and volunteers agree to:

- Abide by our aims and philosophy.
- Adhere to all the rules, policies and procedures
- Follow all reasonable instructions of my supervisor /volunteer manager or CEO
- To take proper care of all tools and equipment
- To inform my supervisor of any health issues which may impact on my role
- To Inform my supervisor of any convictions pending or otherwise
- Be actively involved with Occupational Safety & Health procedures
- Attend training courses, seminars and workshops as requested
- Represent Community Home Care in a positive way
- Not disclose any confidential information in respect to Community Home Care to any other party without prior permission
- Not disclose any confidential information concerning the clients of Community Home Care to any other party without prior permission.
- Not take illegal drugs or consume alcohol when on duty or when it may affect service delivery.
- Do not smoke on Community Home Care premises or in company vehicles.
- Accept or give gifts to or from clients and their carers as per CHC policy.
- Not to have sexual relationships with clients.
- To maintain a professional relationship with clients/staff and volunteers whilst working for Community Home Care
- Follow grievance procedure set down by the management committee to try and resolve conflicts.
- Not harass, bully or discriminate against clients, other staff, volunteers or members of CHC in any form.
- Not abuse, physically or verbally, clients, other staff or members of CHC.
- Not give advice to clients.
- Not alienate clients from their family.
- Treat clients, volunteers and colleagues with courtesy, respect and consideration.
- Follow the complaints procedure.
- Provide services to the best of my ability
- Not to leave work without notifying my supervisor /service manager or CEO
- Not to carry out private business of the form of selling goods or services to clients or their carers.

Failure to abide by the code of behaviour may lead to disciplinary action and/or dismissal.

I acknowledge that I have read, understood and agreed to the contents of the Community Home Care Code of Behaviour.

Volunteer Signature _____ Date _____

Driver's Declaration

Full Name:				
Occupation:				
Date of Birth:				
Do you have a current valid Driver's License?			YES*	NO
*If YES, License No:	Expiry: / /	Classes		
How many years licensed?				
IN THE PAST 5 YEARS HAS THE DRIVER:- Been involved in any motor vehicle / cycle accidents had a motor vehicle / cycle burnt or stolen or claimed damages against an insurance company for damage to a motor vehicle / cycle?			YES*	NO
*If YES, please provide the following information				
Date of Loss	Details (including who was at fault)	Amount of Damage \$	Insurance Company	
IN THE PAST 5 YEARS HAS THE DRIVER:- Had any insurance declined, cancelled, refused or special conditions imposed?			*YES	NO
*If YES. Please provide the following information				
Date	Details	Insurance Company		
IN THE PAST 5 YEARS HAS THE DRIVER:-				
Had any licence suspended, cancelled or reduced? Been charged with or convicted of, or penalised for any motoring offences? Been charged with, or convicted of any alcohol, drug, theft or other criminal offence or any pending?			*YES	NO
*If YES. Please provide the following information				
Conviction Date	Type of Conviction	Details of suspension, demerit points or fine		
DECLARATION				
I acknowledge that I have read and understand the questions asked and that answers provided are true and correct.				
Signature			Date	



VOLUNTEER NATIONAL POLICE CERTIFICATE CONSENT FORM

SECTION A: Applicant Details

Surname/Primary name Given name/s

Gender Date of birth Contact number

Residential address

Postal address (if different from residential)

Previous address (Australian address resided within the last 5 years)

Date residing at previous residence (if exact date is unknown, please list year resided)

Previous/Alias/Maiden Names

Surname/Primary name Given name/s

Place of birth

Suburb/Town State Country

SECTION B: Consent and Indemnity

I certify that I am the applicant named in this form and all details herein provided by me are true and correct. I consent to a check of the records of all Australian Police Jurisdictions and to the acknowledgment of the existence of any court outcomes and/or pending charges being provided to the volunteer organisation as named in this document via a Volunteer National Police Certificate issued in my name.

In consideration of the WA Police releasing an acknowledgement of any court outcomes, pending charges and other relevant matters under this application, I hereby indemnify the state of WA, its servants and agents including all members of WA Police against all actions, suits, proceedings, causes of actions, cost, claims and demands whatsoever which may be brought or made against it or them by anybody or person by reason of or arising out of the reason of any details of any court outcomes and other information recorded against my name purporting to either relate to or concern me.

Volunteer signature Date

SECTION C: Volunteer Agency Verification

I confirm that I have viewed the applicant's ID documents as per the guidelines and verified that the details contained within this form match the ID. I confirm that I am authorised by my volunteer organisation to submit volunteer checks on their behalf and that will enter only the details contained on this form into the VNPC online application.

Volunteer agency representative signature Date