

# Volunteer Application Form

## Instructions

- Answer all questions fully and correctly.
- Any questions not fully or accurately answered may render you liable to be disqualified, and if appointed, to be de-registered as a DCS Volunteer.
- If there is insufficient space on this form to record all details, additional information should be attached.
- As an applicant for the DCS Volunteer Program you must be:
  - An Australian Citizen or have permanent resident status
  - Be 18 years of age or above
- Please answer all questions.
- To submit this form, email to [dcs.volunteerunit@sa.gov.au](mailto:dcs.volunteerunit@sa.gov.au) or print and post to DCS Volunteer Unit, PO BOX 3126, Port Adelaide SA 5015

## Personal

Title:  Mr  Mrs  Ms  Miss Other ..... Date of birth: .....

Surname: ..... Given names: .....

Residential address: .....

Town/Suburb: ..... State: ..... Postcode: .....

Postal address (if different from above): .....

Town/Suburb: ..... State: ..... Postcode: .....

Home telephone: ( ) ..... Mobile: ..... Work: ( ) .....

Email address: .....

## Emergency contact

Relationship to applicant: .....

Surname: ..... Given names: .....

Residential address: .....

Town/Suburb: ..... State: ..... Postcode: .....

Home telephone: ( ) ..... Mobile: ..... Work: ( ) .....

## Other information required

	Yes	No
Do you have a current drivers licence? If yes, please bring to your interview.	<input type="checkbox"/>	<input type="checkbox"/>
Are you an Australian resident? If no, please bring a copy of your passport and visa to your interview	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware you will need to complete a criminal history check and a National Police Check as part of your application?	<input type="checkbox"/>	<input type="checkbox"/>
If you already hold a valid DHS Child Related Employment Screening, please bring it to your interview.	<input type="checkbox"/>	<input type="checkbox"/>



## Background information

Do you or any relative or associate of yours have an association with either (a) a person who has a criminal conviction or reputation or (b) who is suspected of having a criminal conviction or reputation?  Yes  No

If yes, please provide further information below. Attach additional pages if required.

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Are you currently facing charges yet to be determined for any offence?  Yes  No

If yes, please provide further information below. Attach additional pages if required.

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Have you ever had your employment and/or volunteering role terminated by a South Australian public sector agency or any other organisation for any reason?  Yes  No

If yes, please provide further information below. Attach additional pages if required.

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Do you have any medical conditions or disability which may prevent or impede you from being able to satisfactorily and safely perform any tasks/activities that might be required of you as a volunteer?  Yes  No

If yes, please provide further information below. Attach additional pages if required.

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Are you presently subject to a workers compensation claim?  Yes  No

If yes, please provide further information below. Attach additional pages if required.

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## Criminal Associations and/or Relationships

Are you a member/associate of a criminal organisation? Or do you associate with members/associates of a criminal organisation? (e.g. outlaw motorcycle gang or organised crime group)

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.....

## Education and qualifications

Highest level of education completed: ..... Year completed: .....

School attended: .....

Post- secondary qualifications obtained or currently being undertaken

Name of University / TAFE/ Other: .....

Name of course / qualification: .....

Date commenced: ..... Date completed / due for completion: .....

Other relevant training and/or certificates: .....

## Employment status

### Are you currently:

Employed  Full-time  Part-time  Unemployed

Self-employed  Full-time  Part-time  Retired

Student  Full-time  Part-time  Caring for home/family

Other  .....

### Most recent employment

Company/organisation: ..... Date started: .....

Position: ..... Date ended: .....

Reason for leaving: .....

Company/organisation: ..... Date started: .....

Position: ..... Date ended: .....

Reason for leaving: .....

Have you previously worked for DCS?  Yes  No

## Volunteering with DCS

1. Why do you want to become a volunteer for the Department for Correctional Services?

Attach additional pages if required.

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.....  
.....

2. What do you hope to gain from being a DCS Volunteer?

Attach additional pages if required.

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3. In your own words please describe your motivations for wanting to volunteer with DCS.

Attach additional pages if required.

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## Hobbies and interests

What are your hobbies and interests?

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.....  
.....  
.....

## Volunteer involvement

**Provide details of any other volunteer involvement:**

Organisation: ..... Location: .....  
Contact person: ..... Phone no: .....  
Years of service: ..... Current?  Yes  No

Organisation: ..... Location: .....  
Contact person: ..... Phone no: .....  
Years of service: ..... Current?  Yes  No

Have you previously applied for a volunteer position with DCS?  Yes  No

## Volunteer programs

**Please indicate the program(s) you wish to be considered for:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Transport Program         | <input type="checkbox"/> Education Program         | <input type="checkbox"/> Community Mentor Program      |
| <input type="checkbox"/> Prison Library Program    | <input type="checkbox"/> Prisoner Visiting Program | <input type="checkbox"/> Prisoner Family Visit Program |
| <input type="checkbox"/> Community Service Program | <input type="checkbox"/> Life skills Program       | <input type="checkbox"/> Quit Smoking Mentor Program   |
| <input type="checkbox"/> Art Program               | <input type="checkbox"/> Fitness Program           |  |

**Please indicate the number of hours you are available to volunteer with DCS:**

(Note: we require a commitment to be a volunteer for at least 1 year. Maximum 16 hrs per week)

## References

**Provide details of two references (1 personal and 1 professional)**

Professional referee:

Title:  Mr  Mrs  Ms  Miss Other ..... Given names: .....

Organisation: .....

Telephone: ( ) ..... Dates worked: .....

Personal referee:

Title:  Mr  Mrs  Ms  Miss Other ..... Given names: .....

Relationship to applicant: .....

Telephone: ( ) ..... Dates worked: .....

## DCS Volunteer Unit

**How did you hear about the Department for Correctional Services Volunteer Unit?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> DCS Website           | <input type="checkbox"/> Poster/ Flyer         | <input type="checkbox"/> Word-of-mouth     |
| <input type="checkbox"/> University            | <input type="checkbox"/> SEEK                  | <input type="checkbox"/> TAFE SA           |
| <input type="checkbox"/> Northern Volunteering | <input type="checkbox"/> Southern Volunteering | <input type="checkbox"/> Volunteer SA & NT |
| <input type="checkbox"/> Other .....           |  |  |

## Declarations

### Please read and tick all boxes before submitting

- I certify that all information given by me herein and in any attachments is to the best of my knowledge true and correct in every detail.
- I understand that acceptance into the DCS Volunteer Program is at the sole discretion of the DCS Chief Executive.
- I understand that any errors or false declarations made by me in this application may result in disciplinary action or termination of my services as a volunteer.
- I hereby authorise the Department for Correctional Services to conduct further checks upon lodging a volunteer application form and, if any offer of volunteering is made, during the course of my volunteering activities, with any Australian State or Federal Police Department in respect of charges and offences, including disclosure of further information in relation to any National Criminal History Checks and any associated police history information.
- I hereby consent to the South Australian Police providing the Department for Correctional Services information relating to any National Criminal History Checks, any associated police history information and any charges that may be laid against me upon lodging a volunteer application form and, if any offer of volunteering is made, during the course of volunteering activities. In particular, the South Australian Police may disclose any personal information arising from such checks and charges to the Department for Correctional Services under any privacy law or principles.
- I will maintain strict confidentiality with all DCS information and all offender information and understand that a breach of this information will result in disciplinary action or termination of my services as a volunteer.
- I give approval or my referees and any organisations I have listed to be contacted for the purpose of verifying past work/volunteer history.
- I acknowledge and give full and unreserved permission for my name and visible image to be published on behalf of the department by photographic or electronic means to promote a positive image of the department and its volunteer services.

## Signature

I declare that I have read and understood the declarations above.

Applicant's signature: ..... Date: .....

Once you have completed this application form, please ensure you check you have completed all necessary sections, sign above and post to PO BOX 3126, Port Adelaide SA 5015. Alternatively you can scan and email this completed form to [dcs.volunteerunit@sa.gov.au](mailto:dcs.volunteerunit@sa.gov.au)