

THE SALVATION ARMY MISSION VOLUNTEER REGISTRATION FORM



It takes an army of mission volunteers to provide and enable practical care for over a million Australians every year. Thank you for bringing to life our values of integrity, compassion, respect, diversity and collaboration through your volunteer involvement. With your help, we will continue to be there for those experiencing disadvantage, crisis or hardship.

*Mandatory Fields

*SITE NAME:

SECTION A: PERSONAL DETAILS *(to be completed by the Mission Volunteer)*

1. Name Mr Mrs Ms Miss Other _____ TSA Rank¹ _____

*First name

*Middle name

*Last name

2. Gender Male Female Indeterminate/Unspecified

3. Birth *Date of birth: ____/____/____ Place of birth: _____

Do you identify as an Aboriginal and/or Torres Strait Islander Australia? Please tick relevant option

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

4. Contact *Address _____ *State _____

*Postcode _____ *Phone _____ *Email _____

5. Emergency contact
Name _____ Contact No _____ Relationship _____

6. Referees Please provide the name and contact details of two work (paid or volunteer) or personal referees we can contact. Both referees should be able to comment on your suitability for the volunteer role and must have known you for at least 12 months. Family referees are not suitable.

Referee 1

Full name: _____

Relationship to you: _____

Length of relationship: _____

Contact No: _____

Email: _____

Referee 2

Full name: _____

Relationship to you: _____

Length of relationship: _____

Contact No: _____

Email: _____

The Salvation Army is committed to upholding the Australian Privacy Principles contained in the Privacy Act 1988. We will only collect personal and sensitive information that is necessary for us to safely facilitate your volunteer involvement with us. For the Salvation Army's full Privacy Policy please visit:

www.salvationarmy.org.au/about-us/governance-policy/privacy-policy/

I hereby give consent and permission to The Salvation Army Australia to collect my personal information for the purposes of registering my involvement as a mission volunteer.

*Signature: _____

*Print Name: _____

*Date: ____/____/____

Volunteers under the age of 16 require guardian consent

As parent/guardian, I give consent for the named applicant to provide The Salvation Army Australia with their personal details for the purposes of registering their involvement as a mission volunteer.

*Parent/Guardian Signature: _____

*Parent/Guardian Name: _____

*Date: ____/____/____

1. Only for Retired Officers

SECTION B: OFFICE USE ONLY *(to be completed by the Manager of Volunteer)*

*** Mandatory Fields**

	Mission Volunteer Role 1	Mission Volunteer Role 2 <i>(Complete if the volunteer has more than one role at your site)</i>
* Confirmed Role Title		
* Confirmed Start Date	___/___/_____	___/___/_____
* Does this role require a Police Check?²	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Does this role require a WWCC (or equivalent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you need to list more roles, please attach separate A4 page with role details.

*** Have you contacted the volunteer’s two references and completed the Volunteer Reference Check Form?³**

Yes No

If Police Check is required for any of the roles, provide the following details:⁴

Check No: _____

Date of issue: ___/___/_____

If a WWCC/WWVP is required for any of the roles, collect the following details:

Full name on WWCC/WWVP: _____

WWCC/WWVP Card No: _____

Date of issue:⁵ ___/___/_____

Expiry date: ___/___/_____

Verified: Yes No

Verified by:⁶ _____

Verified on: ___/___/_____

Have you provided the volunteer with a Role Profile for their role(s)?

Yes No

Has the volunteer signed The Salvation Army’s Mission Volunteer Agreement?

Yes No

Manager of Volunteer:

I have collected the mission volunteer’s information as per The Salvation Army’s Privacy Policy for the purposes of safe and effective volunteer involvement.

***Signature:** _____

***Print Name:** _____

***Position:** _____

***Date:** ___/___/_____

2. Please refer to TSA Integrity Check Decision Tables <https://my.salvos.org.au/volunteer-resources/resources/integrity-checks/>
 3. Any role which required a WWCC/WWVP or Police Check requires two reference checks to be conducted. Use the Volunteer Reference Check Form available on the Volunteer Resources Website - <https://my.salvos.org.au/volunteer-resources/resources/select/>
 4. NSW/ACT & QLD contact hrrservices@salvationarmy.org.au if you do not have these details. Vic, Tas, SA/NT & WA – contact your Division.
 5. Some state/territory checks do not have a date of issue; please leave blank if not applicable
 6. Name of TSA Manager who verified the WWCC/WWVP