

Application to Volunteer

Thank you for choosing to volunteer with Therapy Focus. To be eligible to volunteer with Therapy Focus, please complete this form and return with all required documentation to:

Post: Therapy Focus
PO Box 20
Bentley WA 6982

Email: volunteer@therapyfocus.org.au

Fax: (08) 9451 5480

Personal Details

First name: _____ Surname: _____

Phone: _____ Email: _____

Emergency Contact

First name: _____ Surname: _____

Relationship: _____ Phone: _____

Volunteer National Police Certificate

Therapy Focus requires that all volunteers over 18 provide a satisfactory Volunteer National Police Certificate. If you do not have a Volunteer National Police Certificate that is less than 6 months old, Therapy Focus is able to lodge a completed form on your behalf at no cost to the volunteer.

- I have attached a copy of my Volunteer National Police Certificate that is less than 6 months old.
- I have attached a completed Volunteer National Police Certificate consent form with identification for Therapy Focus to lodge on my behalf.*

*Please attach coloured copies of identification where possible.

For more information about Volunteer National Police Certificates visit the WA Police website (<https://www.police.wa.gov.au/Police-Direct/National-Police-Certificates/Volunteer-National-Police-Certificates>)

Working with Children Check

Some volunteering opportunities also require that you provide a satisfactory Working with Children's Check. If you do not have a current Working with Children Check, Therapy Focus can assist you in completing an application and cover the cost.

- I have attached a copy of my current Working with Children Check card.
- I require assistance from Therapy Focus to complete a Working with Children Check application.

For more information about Working with Children Checks visit the website (<https://workingwithchildren.wa.gov.au>)

Medical History

Do you have any existing health issues that Therapy Focus needs to be aware of? This information is required to ensure volunteers are eligible for workers compensation in the event of an accident/incident.

No

Yes. Please provide details:

How did you hear about Therapy Focus?

I agree to join Therapy Focus's volunteer mailing list to receive updates about opportunities.

Volunteer declaration

Signed: _____ Date: _____

Therapy Focus requires parent/guardian consent for volunteers under the age of 18.

Parent/Guardian name: _____

Signed: _____ Date: _____