**VOLUNTEER DETAILS FORM**

*Please fill out what is applicable to your position. (This information is collected for HR purposes only and will be stored under secure conditions. It will not be distributed without the consent of the volunteer.)*

New [ ]  Amendment [x]

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| **Personal Details** |
| **Title** | [ ]  **Mr /** [ ]  **Mrs /** [ ]  **Miss /** [ ]  **Ms /**[ ]  **Other:**  | **Surname** |  |
| **First Name** |  | **Other Name(s)***(if applicable)* |  |
| **Address** |  |
|  |
| **Postcode** |  |
| **Is this different from your postal address?** | [ ]  **Y /** [ ]  **N** *If yes, please specify postal address below…* |
| **Postal Address** |  |
|  |
| **Postcode** |  |
| **Date of birth** |  | **Place of Birth***(i.e. suburb and state)* |  |
| **Gender** | [ ]  **M /** [ ]  **F** | **Marital Status** |  |
| **Contact Details** | **Mobile Number** |  |
| **Home Number** | ( ) |
| **Personal Email** |  |
| **Are there any medical conditions\* you wish to disclose?***\*optional* | [ ]  **Y /** [ ]  **N** | **Additional comments:** |
| **Home congregation** |  |
| **Emergency Contact / Next of Kin** |
| **Name** |  |
| **Relationship** |  | **DOB** |  |
| **Contact Details** | **Mobile Number** |  |
| **Work Number** | ( ) |
| **Is this person your Next of Kin?** | [ ]  **Y /** [ ]  **N** |
| **If No, please provide Next of Kin details for emergency purposes** | **Name** |  |
| **Relationship** |  |
| **Contact Number** |  |
| **Do you have dependants living with you?***If Yes, please provide details (name, date of birth and gender)* | [ ]  **Y /** [ ]  **N** |
| **Education / Training** |
| **Do you hold a First Aid Certificate?***Please provide a copy of this for your file.* | [ ]  **Y/** [ ]  **N** | **If Yes, are you willing to be a first aid officer?** | [ ]  **Y /** [ ]  **N** |
| **If No, are you prepared to obtain one if the need arises?** | [ ]  **Y /** [ ]  **N** |
| **Issue Date** |  |
| **Expiry Date** |  |
| **Organisation** |  |
| **Other Work-related Certifications***Please provide a copy for your file. (LCA Professional Standard Training, incl Safe Place and Child Safe, Working with Children Approvals (as appropriate for your state) and Congregational Leadership Training)* |  |
| **Other Work-related Memberships***(i.e. Boards, Programs, Committees)* |  |
| **Do you hold a current background screening Check?***(eg. Working with Children type Check, National Police Certificate or equivalent, - as defined in your role description, and or as appropriate for your state)* *(If you hold multiple checks, please list all applicable)*  | [ ]  **Y /** [ ]  **N****Type of check:****Date of Issue:** |
| **Please attach a photo of yourself, when returning via email, for use on LAMP2, our office display, and other LCA presentations.** |
| **Current Installation Date** |  | **Position Title** |  |
| **I, , Lay Worker/Employee/Volunteer/Member of the Lutheran Church of Australia (the Church) agree that the Church may use my personal and sensitive information for the purposes of communication and the provision of Human Resources services and for any purpose permitted by the LCA Privacy Policy 2015 and the provisions of the Privacy Act (Cth) 1988 or the Privacy Act (NZ) 2003.****I agree to undertake my best endeavours to ensure that my information is up to date.** **I agree to use the personal and sensitive information of people who engage with the Church, and to which I may have access, for the purposes of the life of the Church and in accordance with the LCA Standards of Ethical Behaviour, the LCA Prevention of Abuse and Harassment Policy, the LCA ICT Policy and such other LCA Policies which may be developed from time to time.** |
| **…………………………………………………..****Signature****…………………………………………………..****Date** | **…………………………………………….…….****Name** |

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| Employer / HR Use Only |
| Employee File |  | Induction Action |  |
| HRS Base Details Updated |  | First Aid File |  |