

SOUL CAFE VOLUNTEER APPLICATION FORM



Soul Café was established in August 2003 to serve hot meals free of charge to the highly disadvantaged of the Newcastle region, many of whom are homeless, have mental illness, substance abuse issues or live in poverty.

Please complete this form and return to Soul@soulcafe.org.au or PO Box 686, Newcastle 2300

| | | |
|---|--|---|
| <p>FULL NAME</p> <p>ADDRESS</p> <p>PHONE</p> <p>DRIVERS LICENCE/ PROOF OF AGE</p> <p>EMAIL ADDRESS</p> <p>OCCUPATION / EMPLOYER</p> <p>DATE OF BIRTH</p> <p>EMERGENCY CONTACT</p> <p>VOLUNTEER PREFERENCE</p> <p>Indicate which type of volunteer role, shift and day you would like to volunteer for.</p> | | |
| | | |
| | Home No. | Mobile No.: |
| | | Please attach a copy of your drivers licence / proof of age card with your application. |
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| | | |
| | Name: | Contact No.: |
| | Relationship to Emergency Contact: | |
| | FOOD PREPARATION SERVICE | |
| | Breakfast shift: 7:00am to 9:00am Newcastle | |
| | Mon <input type="checkbox"/> wkly | Fri <input type="checkbox"/> Sat <input type="checkbox"/> (3wk rotating shift) |
| | Lunch Shift (weekly): 9:00am to 2:30pm | |
| | Monday <input type="checkbox"/> | Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> |
| Sunday Lunch shift (4 week rotating shift): 10:30am to 1:00pm | | |
| Sunday <input type="checkbox"/> | | |
| FLOOR TEAM / STREET TEAM | | |
| This team chats with guests and helps them to link to Soul Services. Tick if you would like more info about team. <input type="checkbox"/> | | |
| | | |
| PANTRY | | |
| Tuesday 12:00 – 3:00pm <input type="checkbox"/> | | |
| Wednesday 12:00 – 3:00pm <input type="checkbox"/> | | |
| Friday 9am - 11am <input type="checkbox"/> | | |
| RECEPTION / ADMINISTRATION | | |
| Daily shifts: 10:00am – 2:00pm (Mon – Thurs) <input type="checkbox"/> I would like more info on this. | | |

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|--------------------------------------|---|
| DO YOU HAVE A FIRST AID CERTIFICATE? | No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please provide copy and due date. |
| HOW DID YOU HEAR ABOUT SOUL CAFÉ? | |
| WHY DO YOU WANT TO VOLUNTEER? | |
| PREVIOUS VOLUNTEER WORK | No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please give brief details: |
| WWCC | Do you have a Working with Children Check number? Yes <input type="checkbox"/> _____ No <input type="checkbox"/> If yes, please provide your WWCC number: _____ I have applied –awaiting result. Will provide. |
| EXISTING MEDICAL/MENTAL CONDITIONS | Please list any medical/mental health conditions, or any medication you take that may affect your ability to undertake voluntary work: |

HAVE YOU EVER BEEN CONVICTED OF ANY SEXUAL CRIMINAL OFFENCE? Yes No

PLEASE ADD ME TO THE SOUL CAFÉ ENEWS LIST Yes No

VOLUNTEER CODE OF CONDUCT:

- ✓ I agree that it is my responsibility to be reliable and punctual.
- ✓ I agree I will do my best to give at least 48 hours' notice if I am unable to attend my shift.
- ✓ I agree that I will not be under the influence of any alcohol or drugs whilst volunteering.
- ✓ I understand that all personal information that I learn whilst volunteering for Soul Café will remain confidential.
- ✓ I agree to uphold the policies and procedures of Soul Café.
- ✓ I agree that, unless I have been specifically authorised, I may not speak on behalf of Soul to media
- ✓ I will not act, or be seen to be acting, in conflict with the best interests of Soul Café.
- ✓ I will use my best endeavors to promote and enhance the interests and reputation of Soul Café.
- ✓ I authorise Soul Café to use my name and/or photographs of myself taken whilst undertaking volunteer activities for Soul Café for promotion purposes.

Volunteer Signature: _____ Date: _____