

CareFlight Territory Champions

Volunteer Application Form

SECTION A. YOUR DETAILS

Given name	Surname
Email address	
Phone number	
Street address	
Mailing address (if different from above)	
State	Postcode

SECTION B. YOUR EMERGENCY CONTACT (a family member or friend we should call in an emergency)

Emergency contact name
Emergency contact phone number
Emergency contact email address
Emergency contact's relationship to you

SECTION C. VOLUNTEERING INTERESTS

What type of volunteering opportunities are you interested in? (please tick all of interest)

- ☐ **Donation Tin volunteer** – assisting with coordination and maintenance of donation tins placed with local supporting businesses – choose your Local Government area (own motor vehicle required)
- ☐ **Local Champions** – attending events, changing and managing donation tins and/or promoting Club CareFlight memberships with small-medium businesses supporters- choose your Local Government area (own motor vehicle required)
- ☐ **CareFlight event volunteer** – assisting to organise, promote and/or run CareFlight's annual hangar ball and other major fundraisers
- ☐ **Community event volunteer** – assisting at CareFlight's fundraising stalls at community events around the NT
- ☐ **Other** – please provide details below

1. Do you have a current Driver's License?

☐ Yes

☐ No

2. Do you have a current fully registered and maintained vehicle at your disposal for your volunteering duties?

☐ Yes

☐ No

3. How far would you be willing to travel to volunteer for CareFlight?

☐ 5kms - 25kms

☐ 25kms - 50kms

☐ 50kms - 100kms

☐ 100kms - 250kms

☐ 250kms - 500kms

4. Are you vaccinated against COVID-19?

☐ Yes

☐ No

If yes, when was your second vaccination received? _____

CareFlight is committed to providing a safe work environment for all staff, volunteers and patients. All volunteers will be required to provide evidence of their COVID-19 vaccination status.

5. Do you have a current official National Police Check?

☐ Yes

☐ No

If not, do you consent to CareFlight obtaining a current National Police Check for you?

☐ Yes

☐ No

CareFlight will cover the cost of the National Police Check. For more information please visit the [NT Police website](#)

6. Do you have a current NT Government Working with Children Check for volunteers?

☐ Yes

☐ No

If not, are you willing to obtain a Working With Children Check certificate and provide this to CareFlight?

☐ Yes

☐ No

CareFlight will reimburse you for the cost of this WWCC application. Please do not apply for a WWCC until CareFlight has confirmed that your application has been successful. For more information visit [NT.gov.au](#)

We would love to keep in touch with you with information and stories about CareFlight's services and projects. Which of the following communications would you like receive from us?

- ☐ CareFlight Appeals
- ☐ CareFlight Supporter Newsletter- Quarterly
- ☐ Event Invitations
- ☐ Volunteer-only events

How would you like to receive information from CareFlight, including contact regarding your volunteering with us? (Select as many as you prefer)

- ☐ Mail
- ☐ Email
- ☐ Phone

CareFlight Local Champion Volunteer Terms of Agreement

By signing this form, I acknowledge and agree to the following terms during the course of my volunteering with CareFlight:

Duties

- I will be undertaking a volunteer position at CareFlight and will perform all duties on a voluntary basis. I understand this means I will not be paid for my work.
- I will only undertake duties which I am authorised to do and will only complete tasks under the direction of my CareFlight Coordinator.
- I understand my CareFlight Coordinator will notify me of any changes, including if my position is no longer required.

Conduct

- I understand and respect the Vision, Mission and Guiding Principles of CareFlight. For more information visit careflight.org
- I agree to uphold CareFlight's values by ensuring that my actions and decisions are aligned with these values.
- I agree to comply with Australian Law at all times during the course of my volunteering.
- I have read, understood and agree to comply with organisational standards, as outlined in CareFlight's Code of Conduct, Confidentiality Deed and Work Health and Safety Statement.
- I agree to complete any required induction or training within required timeframes.

Background Checks

- I understand that some volunteer positions require background checks and agree to undertake required checks related to my position.
- I understand that if my position changes, I may be requested to complete new or additional background checks and renewals as needed.

1. To read more about CareFlight's Vision, Mission and Guiding Principles on our [website](http://careflight.org)
2. The full CareFlight Code of Conduct and other policies are available and will be shared with all volunteers.

I will notify my CareFlight Coordinator of any offences or criminal proceedings not previously disclosed which may impact my position or change the status of a background check.

Child Safety

- I will abide by CareFlight's child safe policies and commit to creating a safe culture by taking action to protect and promote the wellbeing of children and young people.
- All CareFlight volunteers are required to be over 16 years of age.
- Any participants under the age of 18 must disclose this information to their coordinator prior to any volunteering activity.
- All volunteers under 18 years of age must have parent/guardian consent prior to the commencement of any volunteering activity.
- All volunteers under 18 years of age must be supervised on a 1:1 ratio by either a CareFlight staff member or a parent/

guardian for the entirety of the volunteering activity. This will be allocated and logged with the coordinator prior to commencement of the activity.

Safety and Insurance

- While working for CareFlight as a registered volunteer you will receive personal injury and accident cover under CareFlight's Volunteer Insurance policy. Please note however that, as a volunteer, you are not covered under staff Workers Compensation Insurance.
- I understand that my volunteering may include various activities that may be hazardous to me and I hereby assume the risk of injury or harm in these activities and release CareFlight from all liability for injury, illness, death, or property damage resulting from the activities of my time with CareFlight.
- If I become aware of any health and safety issues/incidents or potential hazards, I will report this to my CareFlight Coordinator no later than on the day it occurred.
- I agree to provide adequate information to my CareFlight Coordinator relating to any existing health conditions which could impact my position.
- If I am injured during the course of my volunteer duties, I will notify my CareFlight Coordinator and complete an incident report as soon as practicable.
- Use of personal vehicles is not covered by CareFlight; I understand that CareFlight recommends I have full comprehensive insurance which is my own financial responsibility.

Confidentiality

- I will not disclose any confidential information relating to CareFlight, even after the conclusion of my position, unless required by law.
- I will respect and protect the intellectual property owned by and licensed to CareFlight.

Conflict of Interest

- I will advise my CareFlight Coordinator of any real or potential conflict of interest which may unfairly advantage me or someone known to me.

Media Release

I agree that CareFlight may take photographs and video footage of me (or, if applicable, my dependent) carrying out volunteer work and use it for the purpose of marketing and promotions of CareFlight and its services unless I specifically indicate otherwise.

☐ I agree

☐ I do not agree

Identification

☐ I give consent for my name (or, if applicable, my dependent's name) to be identified in the media that used my (or, if applicable, my dependent's) appearance.

☐ I do not give consent for my name (or, if applicable, my dependent's name) to be identified in the media that uses my appearance (or, if applicable, my dependent's appearance). I understand that if I do not give consent for my name (or, if applicable, my dependent's name) to be identified, CareFlight will identify me (or if applicable, my dependent) using a pseudonym.

I understand that I have the right to revoke my consent for CareFlight to use the content and my appearance (or, if applicable, my dependent's appearance) by giving written notice to CareFlight via my Coordinator.

Privacy Information

CareFlight recognises the importance of your privacy and safeguarding your personal information. CareFlight fully complies with the Privacy Act 1988 (Cth) ("Act") and the Australian Privacy Principles (APP). For further information go to www.careflight.org/privacy_statement/. All precautions are taken to protect your details and we use them to contact you about fundraising, our work, events, merchandise and other issues we feel may be important to you. To change the type and frequency of information you receive, contact 1800 655 876.

Occasionally we allow like-minded organisations to contact you with information that may be of interest to you, including some organisations located outside Australia.

Those organisations allow us to do the same and this way we can reach more people with vital information.

☐ Please tick here if you do NOT want to receive communications from organisations we trust.

By signing this Agreement, you

- Acknowledge you have read and understood the document;
- Understand the reasons for the collection of your personal information;
- Understand the ways in which your personal information may be used and disclosed;
- Acknowledge that you have provided your personal information to CareFlight voluntarily;
- Agree to the use and disclosure of your personal information as indicated here;
- Acknowledge that the personal information you have provided to us is current.

Volunteer Given name

Volunteer Surname

Volunteer Signature

Date

Company or Association

(leave blank if not applicable)

Please return your application completed form to:

The Coordinator

Territory Champions Volunteer Program

CareFlight

PO Box 1932

Darwin NT 0800, Australia

E: events-nt@careflight.org

Ph: 0448 092 216