

Life's Little Treasures Foundation Volunteer Application Form



life's little treasures
foundation

Supporting Families of Premature & Sick Babies



information



support



understanding



“The heart of a volunteer is not measured in size, but by the depth of the commitment to make a difference in the lives of others”

~ DeAnn Hollis

Thank you for taking the time to consider volunteering for the Life’s Little Treasures Foundation. We are a dynamic and dedicated organisation that is committed to improving the lives of premature and sick babies. We provide information, support and encouragement to families with premature babies, empowering them to achieve the best outcomes for their children.

Volunteers play a key role in the success of the Foundation and we are always grateful for the contribution they make.

If you have skills, expertise and time to apply to the achievement of specific projects or ongoing volunteer positions & would like to help us achieve our vision, while at the same time being part of a fun team, then we would welcome your application. Please complete the form below as the first step to matching your skills and experience to our available opportunities.

Please Note: If you are volunteering for the “Walk for Prems” event only, you will need to complete a Walk specific volunteer application form. This form is available for download on our website under the **Get Involved** tab or please contact us on 1300 697 736 for a hardcopy. Do not complete this form.

Name

(Block letters please)

Address

Suburb

State

Postcode

Telephone

Landline

Mobile

Email

Please note that some roles may require one of the following; Working with Children Check, Police check or Reference check.

Certain roles may require attendance to the LLTF ‘peer training session’ to ensure that the volunteer is equipped with the skills & experience necessary to carry out the role.



What position(s) would you like to get involved in? (Please tick)

Fundraising	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Parent Support Line	<input type="checkbox"/>
Graphic Design	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>
Parent Support Network	<input type="checkbox"/>	Treasure Time Groups	<input type="checkbox"/>	Social Events	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	Assisting with Products and Services Development	<input type="checkbox"/>	Walk for Prems Please contact us for separate volunteer form	<input type="checkbox"/>
Busy Bees Days (i.e. making up hospital packs)	<input type="checkbox"/>	Participation in Research Focus Groups/Workshops/Surveys	<input type="checkbox"/>	Other- Please see below	<input type="checkbox"/>
PR	<input type="checkbox"/>	Website/Social Media	<input type="checkbox"/>		

If other, please state:

Do you currently have a Working with Children's Check: YES NO (Please circle)

If Yes – Card No: _____ Expiry Date: ____/____/____

Please attach photocopy of Working with Children Check

Do you currently hold any training in First Aid? YES NO (Please circle)

Please indicate your availability (Number of Days per Week/Preferred Days/ Times you can assist us)

When can you commence volunteering?

____/____/____

How did you hear about us? _____



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What has inspired you to volunteer for LLTF and what are you hoping to gain from this volunteering experience?

Have you volunteered anywhere else before? If yes, where and what tasks did you perform?

Briefly outline your working history, including any skills/qualifications/experience/languages that you can bring to the Foundation

Are there any specific ways in which you would like to aid the Foundation?



Emergency Contact Details

Name: _____ (Block letters please)

Address: _____

Suburb _____ State _____ Postcode _____

Telephone:

Home: _____ Mobile: _____

Declaration

I declare that to the best of my knowledge the information I have provided is accurate and not misleading.

I understand that some roles within LLTF are subject to the provisions of the *Working with Children Act 2005 (Vic)* and understand my responsibilities and obligations under this Act.

I am aware that it is an offence for me to apply for, or engage in, work that is child-related work if I have been convicted of an offence relating to children or have at any time been given a negative notice and have not subsequently received a current assessment notice.

I declare that I am not a person prohibited under the *Working with Children Act 2005 (Vic)* from applying for or engaging in work that is child-related work.

I declare that I will maintain at all times the confidentiality of all privileged or proprietary information to which I am exposed whilst working as a volunteer with Life's Little Treasures Foundation whether this information involves a client, or other person, or involves overall LLTF business.

Name (Block Letters):

Signature: **Date:**/...../.....

If Volunteer is under 16 years old, a parent or guardian must also sign

Parents Name (Block Letters)

Signature: **Date:**/...../.....



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Please send your completed application form to:

The Volunteer Coordinator

Life's Little Treasures Foundation

Mail: PO Box 476, Chadstone Centre RP, Chadstone, Victoria, 3148

Email: volunteer@lifeslittletreasures.org.au

Phone: 1300mypremmie / 1300 697 736

Thank you for your interest, we will be in contact once we have received & processed your application.