

Life's Little Treasures Foundation Volunteer Application Form



"Improving the lives of Premature and Sick Babies"



“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.

Name: _____ (Block letters please)

Address: _____

Telephone:

Home _____ Work: _____

Mobile: _____

Email: _____

Please note that all roles may require a Working with Children Check and some a Reference check. For some roles it may be necessary to attend the LLTF peer training session to ensure the skills & experience necessary to carry out the role.



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

Management Committee	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	PR	<input type="checkbox"/>
Graphic Design	<input type="checkbox"/>	Administration	<input type="checkbox"/>	IT	<input type="checkbox"/>
Parent Support Network	<input type="checkbox"/>	Parent Support Groups	<input type="checkbox"/>	Parent Support Line	<input type="checkbox"/>
Hospital Liaison	<input type="checkbox"/>	Community Liaison	<input type="checkbox"/>	Hospital Gift Packs (i.e. Sourcing & packing gifts for families)	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Corporate Sponsorship	<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	Publication Production	<input type="checkbox"/>	Social Events	<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	<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 indicate your availability (Number of Days Per Week/Preferred Days/ Times you can assist us on)

When can you commence volunteering?

____/____/____



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



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:/...../.....

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: contact_us@lifeslittletreasures.org.au
Phone: 1300mypremmie / 1300 697736

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