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| Membership Application |  | A close up of a logo  Description automatically generated |

Thank you for showing interest in becoming a volunteer member of YAMHS we look forward to have you as part of the team.

We currently have the following locations where we require volunteers:

* Nepean
* Macarthur

These forms will need to be completed by all individuals over the age of 16 years who wish to become full members. Those who are in the process of being accepted as being members may still participate but only under the supervision of a full member. This is to maintain the integrity and consistency of our support to those in need. Should an application not be authorised or approved, an Associate Membership may be offered to allow individuals to continue to provide support and this will be also under the supervision of a full member.

**REQUIREMENTS:**

* Completion of the application form
* We require a Working with Children’s Check (WWCC). If you don’t already have one, please apply at:

http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check

* Agreement to our Code of Conduct
* A reference of good conduct from an impartial person.

You are registering as a VOLUNTEER. This check takes a few days to become available. You’ll receive an email when your WWCC is ready and this email can be forwarded to YAMHS along with your completed application forms. All correspondence is via our email address:

**yamhsdirect@yahoo.com**

All volunteer members are added to our Facebook page – this is how we co-ordinate rostering for our support services and share other relevant information. We have a general Facebook page that we encourage you to like and share with friends. https://www.facebook.com/yamhslionsfund

If you’re not on social media, rostering will be done via phone or email.

**OTHER WAYS YOU CAN HELP**

Like all charity organisations, we have on going costs to cover. We are a not for profit organisation and all our donations and funding goes back into the charity to cover essential items required to offer our services. If you’d like more information on how donations assist the charity, just ask. Donations of other items such as food, supplies for services (plates, cutlery, water etc.) can be made at locations listed from time to time. Please let us know where you’re based and we will direct you to the closest drop off location.

**YOUR PERSONAL DETAILS**

Given (first) Name

----------------------------------------------------------------------------------------------------------

Surname (last name)

----------------------------------------------------------------------------------------------------------

DOB: ---------------------------------------

Gender ----------------------------------------------------------------------------------------------------------

**Address**

Street ----------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------

City ----------------------------------------------------------------------------------------------------------

State ------------------------ Post Code ------------------------

Phone Number(s)

----------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------

Email ----------------------------------------------------------------------------------------------------------

Medicare No: ----------------------------------------------------------------------------------------------------------

**IF UNDER 18**

Mother / Father / Caregiver

Given (first) Name ---------------------------------------------------------------------------------------

Surname (last Name) ---------------------------------------------------------------------------------------

Phone Number ---------------------------------------------------------------------------------------

**EMERGENCY CONTACT (1)**

Given (first) Name ---------------------------------------------------------------------------------------

Surname (last Name) ---------------------------------------------------------------------------------------

Phone Number ---------------------------------------------------------------------------------------

Street Address ---------------------------------------------------------------------------------------

**EMERGENCY CONTACT (2)**

Given (first) Name ---------------------------------------------------------------------------------------

Surname (last Name) ---------------------------------------------------------------------------------------

Phone Number ---------------------------------------------------------------------------------------

Street Address ---------------------------------------------------------------------------------------

Have you previously volunteered or do you currently volunteer at any other organisations? \*

Yes /No

If yes, which organisation? ---------------------------------------------------------------------------------------

Have you ever made an insurance or workers compensation claim against a charity? \*

Yes/ No

If yes, please provide details separately in a written document to ensure your privacy.

Do you have any previous or pre-existing injuries that may affect your duties as a volunteer? \*

Yes/ No

If yes, please provide details separately in a written document to ensure your privacy.

**Declaration**: - Please read carefully - **THIS IS A LEGAL DOCUMENT**

I declare that all the information provided within my application to join as a volunteer for YAMHS is true and correct to the best of my knowledge.

If accepted to be a volunteer with YAMHS Inc; I agree to abide by YAMHS requirements of participation as a volunteer.

I understand that if I am involved in any illegal activity or caught in the possession of illegal drugs I will be terminated immediately at my own expense.

Signature ------------------------------------------------- date: --------------------------------------------

All information regarding conversations/information given between patrons and volunteers are to be kept between both parties only and not to be discussed with any other patron/volunteer. If a volunteer feels information, they have received requires legal advice or immediate attention, the volunteer is to inform one of the board members or team leaders on duty at service.

If any volunteer is found to be disregarding this confidentiality agreement, the board of YAMHS will potentially terminate their volunteer position.

**Medical Concerns:** Any known medical conditions and or allergies etc.

Do you need access to or use an EpiPen or similar emergency intervention as required?

Do you hold a First Aid Certificate?

**Food Safety Agreement (where applicable, BBQs etc.)**

At YAMHS, the safety of our volunteers and our patrons is of the upmost importance, therefore we must follow food safety standards both at home when preparing food for our patrons and when at our services.

FOOD SAFETY - IT'S IN YOUR HANDS!

National feed standards and regulations will be applied at all times.

**Personal Safety**

At YAMHS, the personal safety of our volunteers and our patrons is also vitally important, and should it be necessary to accompany a patron to a medical facility or other location, including a home or service facility, personal safety is a priority.

At no time are volunteers or YAMHS members to take personal responsibility for anyone other than as could be expected of any member of the community. This means taking liability for events or circumstances that may result in injury of another person or risk of harm in any way.

Any advice offered by YAMHS membership is of a general nature and not in the capacity of that of a medical practitioner. All patrons and clients are to be advised to seek advice and support from an authorised source in particular for any technique, or treatment for physical, emotional, or medical conditions and asked to consider the specific and relevant advice from an authorised physician or medical practitioner.

**YAMHS CODE OF CONDUCT – MEMBERS & VOLUNTEERS**

In the capacity as a member/ volunteer of **YAMHS (Youth Adolescent Mental Health Support** - **a Special Branch Club of the Ingleburn Lions Club, NSW)** I will adhere to and follow the following code of conduct at all times and support the principles of YAMHS to the best of my ability.

1. I will follow all YAMHS stated policy and procedures.
2. I will not discriminate unfairly against people on the basis of age, gender, sexual preference, marital status, religion, ethnicity, disability or financial status.
3. I will respect and offer support to people with due regard to confidentiality for their situation and circumstances and will not pass on any information personal or circumstantial to another third party without the express permission of the person involved, within the limits of due regard for the safety of the individual and the broader community.
4. Whilst the personal safety of all individuals, incorporating members and volunteers of YAMHS is a primary consideration, I understand and act within the limits of the stated scope of YAMHS and its capacity to support those in need. I understand that I am not responsible for others and their own capacity to seek and receive assistance with regard to their unique situation.
5. I will not participate in or comment on social media that may bring the work of YAMHS into question or disrepute. All publications initiated on behalf of YAMHS will be in accordance with the specific direction and instruction of the YAMHS Board only.
6. I will not represent the work and support provided by YAMHS whilst under the influence of alcohol or other drugs which may inhibit my ability to make sound decisions.
7. I will keep YAMHS updated on any changes to my personal situation that may impact on my ability to support YAMHS in achieving their stated goals.
8. I will actively support YAMHS to achieve their stated aspirations and goals for a society well supported to deal with the impact of mental illness. I do this to lessen the pain and suffering for those experiencing mental illness and for those who love and support them.

I have read and understand the YAMHS code of conduct and agree to abide by it at all times. Should I be in doubt about future actions or considerations that my personal or professional activities may compromise this code or the principles of YAMHS, I agree to consult with the YAMHS Board prior to taking such actions.

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YAMHS Member