

TAC L2P Program

Volunteer mentor application form



**TO BE COMPLETED BY THE VOLUNTEER:
DATE:**

Surname:		First Name:		Please attach a recent passport sized photo if possible						
		Date of Birth:								
Address:										
Suburb:		Postcode:								
Day-time phone number:			After hours phone number:							
Mobile:										
E-mail:										
Victorian Drivers License No:			Expiry Date:							
Emergency Contact:			Telephone:							
Name :			BH:							
Relationship :			AH:							
			Mobile:							
Employment details : <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Fulltime</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Part time</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Casual</td> <td style="border: none;"><input type="checkbox"/> Retired</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table>					<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual	<input type="checkbox"/> Retired	<input type="checkbox"/> Other _____	
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Why would you like to become an TAC L2P Mentor: tick as many as you find appropriate

- Opportunity to build relationships
- Personal satisfaction
- Give back to community
- Pass on skills
- Other _____

Are you willing to commit to the program for a minimum of 12 months?

- Yes
- No

How did you hear about the TAC L2P program:

- News paper
- Friends/family
- Internet
- Other

Do you agree to undertake a Police Check?

- Yes
- No

Do you agree to undertake a Working with Children Check (volunteer)?

- Yes please go to : <http://www.workingwithchildren.vic.gov.au/>
- No

Do you agree to undertake a Vic Roads Driver History Check?

- Yes
- No

Do you agree to attend Vic Roads Training : (one on-line session, 2 group sessions)

- Yes
- No

Do you agree to attend intake interview with L2P Project officer

- Yes
- No

Is there anything Manningham and Whitehorse City Council needs to be aware of that would affect your ability to safely and durably perform the inherent requirements of the job?

- Yes
- No

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Available start date:

What days are you available:

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Medical information :

Manningham and Whitehorse Council has a duty of care to protect your health and /or safety while you volunteer. Your answers to the following questions will assist us to do this.

Do you have an existing medical condition /injury?

- Yes
 No

If you answer is yes please provide details:
 How serious is the condition?

Does your medical condition affect safe driving?

- Yes
 No

Do you take any medication that may impact on your ability to perform your role?

- Yes
 No

If yes please provide details below:

References :

Please provide the contact details of two people who are not family members and who are willing to act as referees for your chosen voluntary position.

1. Name:	Nature of relationship:	Contact number:
2. Name:	Nature of relationship:	Contact number

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Declaration:

The personal information in this form is for the purpose of registering as an applicant for a volunteer mentor within the TAC Manningham Whitehorse Council L2P program.

I acknowledge that if my application proceeds I will be required to undertake pre-commencement checks to assess my suitability for the role. Council is to be notified of any pre-existing injury/illness that may be affected by the inherent requirements of this position. Failure to disclose relevant information in regard to a pre-existing injury/illness that might be affected by the nature of the proposed employment could result in injury /illness not being eligible for future compensation claims.

I agree that all information provided is true and accurate.

I have read and understood the above statements:

Signature:

Date: / /

Please forward the completed application form along with any supporting documentation to:
L2P@Manningham.vic.gov.au

Or post to:
L2P program
PO Box 1
Doncaster
Victoria 3108

Please phone L2P Project worker if you have any queries: 9846 0537

Thank you for your interest in becoming an L2P volunteer, you will be contacted shortly to arrange an intake interview.

The TAC L2P Program is a joint partnership between the Transport Accident Commission and Department of Transport, supported by the Victorian Government.