

**Personal Information**

<b>Date:</b>	
<b>Name:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of birth:</b>	_____ / _____ / _____
<b>Cultural background:</b>	
<b>Languages spoken:</b>	
<b>Address:</b>	
<b>Home phone:</b>	
<b>Mobile phone:</b>	
<b>Email:</b>	
<b>Emergency contact:</b>	Name: _____ Relationship to you: _____ Phone: _____    Mobile: _____
<b>Employment status:</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Not Working <input type="checkbox"/> Caring for Children <input type="checkbox"/> Retired <input type="checkbox"/> Studying Current or Previous Occupation: _____ Course of Study: _____

**Reason for Volunteering as a Parent Peer Support Volunteer**

*Potential Parent Peer Support Volunteers may fall into two separate categories – because the applicant is caring for a child/ young person with a limb difference or the applicant is now an adult but was born with/acquired a limb difference as child.*

**I currently care for a child with a limb difference:**

YES     NO

Age of child \_\_\_\_\_ years

Your age \_\_\_\_\_ years

**I was born with or acquired a limb difference as a child / young person:**

YES     NO

Your age \_\_\_\_\_ years

Any other information:

<b>Your child's / your limb difference</b>	<input type="checkbox"/> Congenital <input type="checkbox"/> Acquired
<b>Site of limb difference</b>	<p><i>Lower Appendage:</i></p> <input type="checkbox"/> Below Knee <input type="checkbox"/> Above Knee <input type="checkbox"/> Symes/Foot <input type="checkbox"/> Through Knee <input type="checkbox"/> Van Ness <input type="checkbox"/> Bi-lateral <input type="checkbox"/> Toes Other information: _____ <p><i>Upper Appendage:</i></p> <input type="checkbox"/> Below Elbow <input type="checkbox"/> Above Elbow <input type="checkbox"/> Hand <input type="checkbox"/> Partial Hand <input type="checkbox"/> Finger/s <input type="checkbox"/> Bi-lateral Other information: _____

**Referee Details**

<b>Referee Details</b>	<p>Please provide the name and contact details of a referee that can be contacted:</p> Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Mobile: _____ Phone: _____ Relationship to you: _____
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**Volunteering Information**

**Please tell us why are you interested in becoming a Peer Support Volunteer?**

**Do you currently volunteer with any community, sporting or social organisations? If so, please provide details:**

**Do you have access to a vehicle that can be used for the purpose of visits?**     Yes     No

**If yes, how far away from home are you willing to travel (e.g. 5 kms)?** \_\_\_\_\_ kms

**All volunteers are required to commit to relevant Limbs 4 Life Peer Support policies – please indicate which of the requirements you agree to:**

I am willing to attend an interview  
 I am willing to undergo a Police Check / Working with Children Check  
 I am willing to attend a Parent Peer Support Volunteer Training Program  
 I am willing to receive direction from Limbs 4 Life staff

Signature: \_\_\_\_\_ (sign)

Date: \_\_\_\_\_ (date)

Thank you for showing interest in becoming a Parent Peer Support Volunteer. Acceptance as a Parent Peer Support Volunteer requires completion of the following:

- Submission of this Application Form
- Participation in formal Peer Support Training
- Completion of a Police Check / Working with Children Check (and approval for both of these)

#### **Privacy Statement**

*Limbs 4 Life Incorporated (ABN 25 116 442 461) is collecting your personal information via information contained in this form in order to provide peer support service and for the other purposes described in our Privacy Policy, available at [www.limbs4life.org.au/privacy](http://www.limbs4life.org.au/privacy). Our Privacy Policy describes how we collect, use and disclose information. It also contains information about the countries outside Australia to which information may be disclosed, how you can access or seek to correct your personal information, how you can complain about a breach of the Australian Privacy Principles and how we will handle a complaint. If you do not provide certain information, we may not be able to provide our services / to consider and respond to your request.*

Thank you for showing interest in becoming a Parent Peer Support Volunteer. Acceptance as a Parent Peer Support Volunteer requires completion of the following:

- Submission of this Application Form
- Participation in formal Peer Support Training
- Completion of a Police Check / Working with Children Check (and approval for both of these)

A staff member from Limbs 4 Life will be in contact with you shortly to discuss your application to become a Peer Support Volunteer. In the meantime, if you would like more information about Limbs 4 Life or our programs please contact us via:

**Phone** 1300 782 231 (toll free)

**Email** [fiona@limbs4life.org.au](mailto:fiona@limbs4life.org.au)

**Website** [www.limbs4kids.org.au](http://www.limbs4kids.org.au)

#### **Office Use Only**

Police Check Authorisation Number	
Police Check Date	
Working with Children Check Number	
Working with Children Check Date	
Participation in Training Program (date)	
Final approval as a Peer Support Volunteer (date)	