

# BL17



## Queensland Blue Light Association

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### VOLUNTEER APPLICATION FORM

PART 1 – PERSONAL INFORMATION			
SURNAME			
GIVEN NAMES			
ADDRESS			POST CODE:
PHONES	HOME:		
	WORK:		
	MOBILE:		
EMAIL ADDRESS			DATE OF BIRTH:
DRIVERS LICENCE	NO:	CLASS:	EXPIRY DATE:
PART 2 – WORK EXPERIENCE / SKILLS (VOLUNTARY OR PAID)			
CURRENT POSITION:			
ORGANISATION:			LENGTH OF EMPLOYMENT:
MAIN RESPONSIBILITIES:			
PREVIOUS POSITIONS / EXPERIENCE OVER THE PAST FIVE YEARS:			
DATES	EMPLOYER	POSITION	
PLEASE PROVIDE TWO PROFESSIONAL, BUSINESS OR PERSONAL REFEREES WITH CURRENT CONTACT DETAILS			
1.	RELATIONSHIP:	PHONE:	
2.	RELATIONSHIP:	PHONE:	
DO YOU HAVE ANY PRE-EXISTING MEDICAL CONDITIONS THAT MAY AFFECT YOUR ABILITY TO CARRY OUT YOUR VOLUNTEER DUTIES WITH BLUE LIGHT? (PLEASE CIRCLE) YES / NO IF YES PLEASE PROVIDE DETAILS:			
_____			
_____			
PART 3 - BLUE CARD DETAILS			
QBLAI REQUIRES ALL VOLUNTEERS HOLD A CURRENT VOLUNTEER SUITABILITY BLUE CARD PRIOR TO COMMENCEMENT. IF YOU HAVE A CURRENT BLUE CARD, PLEASE COMPLETE THE AUTHORISATION TO CONFIRM A VALID BLUE CARD/APPLICATION CHECK FORM AND HAND IT TO QBLAI FOR CHECKING. IT CAN BE FOUND AT: <a href="http://www.ccypcg.qld.gov.au/pdf/bluecard/forms/authorisation-confirmation-for-bluecard.pdf">www.ccypcg.qld.gov.au/pdf/bluecard/forms/authorisation-confirmation-for-bluecard.pdf</a>			
CURRENT BLUE CARD #:	ISSUE DATE:	EXPIRY DATE:	
IF YOU DO NOT HAVE A CURRENT BLUE CARD, AN APPLICATION FORM CAN BE FOUND AT: <a href="http://www.ccypcg.qld.gov.au/pdf/bluecard/forms/volunteer-form.pdf">www.ccypcg.qld.gov.au/pdf/bluecard/forms/volunteer-form.pdf</a> INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION ARE AVAILABLE ON THE COMMISSION FOR CHILDREN AND YOUNG PEOPLE AND CHILD GUARDIAN (CCYPCG) WEB SITE.			
YOUR APPLICATION CANNOT BE PROCESSED UNTIL YOUR CURRENT BLUE CARD STATUS IS CONFIRMED			

**PART 4 – EMERGENCY CONTACT DETAILS**

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

I certify that the information stated in this application is true and correct in all detail. I fully understand that any false, misleading or incomplete information stated by me in this application may lead to immediate separation from the QBLAI.

SIGNED BY VOLUNTEER: \_\_\_\_\_ DATED: \_\_\_\_\_

**PART 5 – PROOF OF IDENTITY**

Information collected on this form will not be used or disclosed other than to assess your suitability for a voluntary position with the QBLAI. Before your application can be processed, you will need to present ORIGINAL documents that confirm your identity.

You will need to provide one of the following three combinations of documents to confirm your identity.

**COMBINATION 1 – TWO DOCUMENTS**

- One document from category A, and
- One document from category B

**NOTE:** If **neither** of these documents shows your current address, you will also need **one** document from **category C** that shows your current address.

**COMBINATION 2 – (IF YOU CANNOT PROVIDE COMBINATION 1)**

- Two documents from category B, and
- One official document that includes your photograph.

**NOTE:** If **neither** of these documents shows your current address, you will also need **one** document from **category C** that shows your current address.

**COMBINATION 3 (IF YOU CANNOT PROVIDE ALL THE DOCUMENTS FOR COMBINATION 1 OR 2)**

- At least three documents from category C that show your name and current address, and
- One official document that includes your photograph and signature.

**PLEASE NOTE:** These documents must be no more than 12 months old. If you choose this combination to confirm your identity, your application may take longer to process.

**CATEGORY A**

- Current Driving Licence**  
*Issued by an Australian State or Territory*
- Current Passport**
- Birth Certificate**  
*Issued by the Registrar of Births, Deaths and Marriages*

**CATEGORY B**

- Medicare Card**  
*Issued by the Health Insurance Commission*
- Centrelink Card**  
*Issued by Centrelink*
- Department of Veteran’s Affairs (DVA) Card**  
*Issued by DVA*
- Credit Card or Account Card**  
*Issued by a financial institution in Australia*

**CATEGORY C**

- Vehicle Rego or Insurance Papers**
- Property Rates Notice**
- Home Insurance Papers**
- Utilities Bills**  
*e.g. telephone, electricity or gas bill*
- Bank Statements**  
*Showing your residential address*

**Branch Coordinator / President / Serving Police Officer on Committee to complete:**

- I have sighted original documents as required by Category \_\_\_\_\_ and Category \_\_\_\_\_ as indicated above.
- Copies are attached.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: (PLEASE PRINT) \_\_\_\_\_