

**WORKING MEMBER APPLICATION FORM***Companion Notes to Your VMR Application***General Information**

Thank you for your interest in becoming a Marine Rescue Hervey Bay volunteer and taking the time to fill out this form. Volunteering with VMR Hervey Bay is an extremely rewarding experience where you can meet like-minded people and learn a range of new skills and qualifications.

Your personal information provided in this form is necessary for VMR to assess your suitability as a volunteer. The information is treated in VMR in accordance with the Privacy Act 1988 and Australian Privacy Principles.

On receipt of your application you will receive a confirmation email. You will then be contacted by phone to discuss your application, clarify any particular points and allow us to further assess you. After your interview and contact with your referee, you may then be asked to attend a face-to-face group meeting where a decision will be made on your application. If you are found suitable to proceed to training you will be required to become a VMR member at a cost of \$11.00 for a non-boat owner. There are other member options for boat owners and no cost if you are already a member.

Crew and Radio numbers are limited and dependent on current vacancies. Crew and Radio applicants are assessed in a group regularly throughout the year usually in February, May, August and November.

**Note 1. CURRENT EMPLOYMENT STATUS:** If you are seeking to volunteer to gain a government allowance VMR advises that the necessary 30 hours per fortnight cannot be guaranteed through Crew or Radio work. Some allowance could be made within the Administration area however; this would strictly be a VMR management decision.

**Note 2. HOURS AVAILABLE TO WORK:** The table at the end of these notes shows the initial hours of commitment expected for each of the various groups within VMR. You should assess your personal ability to commit to the hours before nominating.

**Note 3. QUALIFICATIONS:** Please list all other qualifications you may have. Use a separate sheet if necessary. Remember that proof of attainment will be required for recognition of prior learning if appropriate. Include your Unique Student Identifier (USI) for training purposes

**Note 4. CURRENT AND PREVIOUS WORK HISTORY:** We don't require details of every job you've ever held but a short list of the more recent ones should suffice. Note whether you were self-employed and the type of work you undertook.

**Note 5. WHO ARE YOU?** We would like to know a bit more about you - what are you like, how do you get on with other people, are you introverted or extraverted, do you have great ideas, do you like to finish a job once you start it, are you particular about the way you do things, do you work well in stressful situations. Please provide as much detail as you want and attach another sheet if necessary. There are no right or wrong answers.

**Note 6. YOUR HEALTH:** Working on a VMR vessel is not for everyone. If you have certain medical conditions you may put yourself in a position where your wellbeing could be compromised. If you answer

**WORKING MEMBER APPLICATION FORM**

yes to any of the health questions you may be asked to attend your GP to get a medical certificate (at your cost) that states you are capable of working on a rescue vessel. A quick assessment for you is, could you lift an adult with assistance from the water onto a boat or can you distinguish coloured flashing lights at night. Again there are no right or wrong answers but we must be aware of your physical condition for crew members.

Note 7. REFEREE: Your referee must **not** be a member of your family. We prefer someone who has known you for a considerable period knows you well and is of good character willing to vouch for you. They should also be informed that you have nominated them and they can expect a call from VMR.

**COMMITMENT REQUIRED BY GROUP**

<b>Group</b>	<b>Regular commitment</b>	<b>Additional commitment</b>	<b>Ongoing Training Commitment</b>	<b>Initial Training Commitment</b>
<b>Crew</b>	1 or 2 rostered weekend days / month 24 hours on-call, no alcohol	24 hour emergency call-out on weekdays (If available)	1 compulsory weekend training session / month Sat night or Sun morning (up to 4-5 hours)	Training night – Thursdays 6-9pm (optional after initial training)
<b>Radio</b>	At least 4 or more four hour shifts per month	Monthly meeting – 1 <sup>st</sup> Monday of the month 6-7.30pm	Regular refresher training	2x4 hour sessions per week for 3 consecutive weeks in training room then 2x4 hour sessions for 3-4 weeks in Radio Room on Observer and Supervised shifts
<b>Admin</b>	At least 1 or more four hour shifts per week			2 days full training then double up for additional shifts
<b>Fundraising (everyone is expected to assist in this area)</b>	3 <sup>rd</sup> Saturday every month BBQ/raffle	Others functions as required		

Any further questions regarding this form please ring the number at the top of page one. Thank you for your consideration to volunteer with Marine Rescue Hervey Bay.



### WORKING MEMBER APPLICATION FORM

## APPLICATION TO VOLUNTEER WITH VMR HERVEY BAY

PLEASE PRINT CLEARLY

#### PERSONAL DETAILS

MR, MRS, MS	SURNAME:	GIVEN NAMES:
PREFERRED NAME:		DATE OF BIRTH:

#### CONTACT DETAILS

ADDRESS
HOME PHONE
MOBILE
WORK PHONE
EMAIL

#### CURRENT EMPLOYMENT STATUS. See note 1

<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> CASUAL	<input type="checkbox"/> UNEMPLOYED	<input type="checkbox"/> RETIRED
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#### APPLY FOR THE FOLLOWING GROUP/S. Please nominate your preferences from 1-4

<input type="checkbox"/> Crew	<input type="checkbox"/> Radio Operator	<input type="checkbox"/> Administration Office	<input type="checkbox"/> Events/Fundraising
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#### HOURS AVAILABLE TO WORK. See note 2

<input type="checkbox"/> No Preference/Anytime	<input type="checkbox"/> Weekdays Only	<input type="checkbox"/> Weeknights & Weekends Only	<input type="checkbox"/> After Hours
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#### QUALIFICATIONS. See note 3. List all qualifications held. Proof of attainment and currency will be required

EVERYONE:	FIRST AID	<input type="checkbox"/> Intermediate Certificate	<input type="checkbox"/> CPR	USI N <sup>o</sup> _____	
CREW/RADIO	MARINE RADIO	<input type="checkbox"/> LROCP	<input type="checkbox"/> SROVCP	<input type="checkbox"/> Other	
CREW	BOAT LICENCE	<input type="checkbox"/> Master	<input type="checkbox"/> Coxswain	<input type="checkbox"/> Recreational licence	<input type="checkbox"/> PWC
CREW	MARINE QUALIFICATIONS	<input type="checkbox"/> Marine Engineer	<input type="checkbox"/> Other		

#### ADMINISTRATION Business/Office Administration Typing MS Office tools

<input type="checkbox"/> Cert IV Work Health & Safety	<input type="checkbox"/> Cert IV Training & Assessment
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#### OTHER QUALIFICATIONS ATTAINED:


#### SCHOOLING. State your highest level of schooling achieved

<input type="checkbox"/> High School (year ____)	<input type="checkbox"/> College	<input type="checkbox"/> University	<input type="checkbox"/> TAFE	<input type="checkbox"/> Apprenticeship
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#### How do you rate your current health? Excellent Good Fair Poor

**You must inform VMR immediately if your health circumstances change.**



### WORKING MEMBER APPLICATION FORM

CURRENT AND PREVIOUS WORK HISTORY. See note 4


Do you have a current or pending work cover claim?  Yes  No

Have you worked in a volunteer organisation previously?  Yes  No

If yes, who with and for how long?

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WHO ARE YOU? Briefly describe yourself. See note 5


Why do you want to join VMR?


List three positive things you would bring to VMR


**CREW SPECIFIC QUESTIONS.** Only answer if you intend applying for Crew duties

Can you swim?  Yes  No

If "Yes" to what standard?  *Bronze Medallion*  *Intermediate*  *Beginners*




### WORKING MEMBER APPLICATION FORM


**YOUR HEALTH. See note 6.**

Do you suffer from any medical, physical or other issue that may impact your ability to work on a VMR vessel?		
Vision including colour blindness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cardiovascular conditions including fainting or blackouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neurological conditions including Epilepsy/seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respiratory disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Psychiatric illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Orthopaedic conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medications including insulin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Body Mass Index (overweight)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ADMINISTRATION OFFICE SPECIFIC QUESTIONS. Only answer if you intend applying for Administration duties**

List your previous experience working in an office environment		
Are you competent to work with large data and databases, spreadsheets and correspondence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you customer focused and comfortable dealing with the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you familiar with receipting, invoicing and dealing with finances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you comfortable in the use of computers and other technology?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**RADIO SPECIFIC QUESTIONS. Only answer if you intend applying for Radio duties**

Have you any previous experience using a marine radio, ham radio or other types of communication?		
Are you comfortable in the use of computers and other technology?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to work alone for periods of up to four hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you tactful and able to hold information in strict confidence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you make appropriate decisions in accordance with standard procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**REFEREE. List one person - not a family member. See note 7**

NAME:	RELATIONSHIP TO YOU:
HOME PHONE	MOBILE
EMAIL	

**I certify the above information is true and complete.**

SIGNATURE		
PRINTED NAME	SIGNATURE	DATE
If under 18 years		
GUARDIAN NAME	SIGNATURE	DATE

**FOR OFFICE USE ONLY**

DATE RECEIVED	CHECKED BY	SIGNATURE
COMMENTS		