

# Adult Membership Application Form

In order for St John Ambulance Australia (NT) Inc. to maintain safety to its members and community we require all members to maintain a valid National Police Check and Working with Children's Card. Please complete the following form and email it to: [volunteers@stjohnnt.asn.au](mailto:volunteers@stjohnnt.asn.au)

Applicant Details		
<b>Title:</b>	<b>Full Name:</b>	
<b>Preferred Name:</b>	<b>Date of Birth:</b>	<b>Gender:</b>
<b>Home Address:</b>	<b>Postcode:</b>	
<b>Postal Address:</b>	<b>Postcode:</b>	
<b>Email Address:</b>	<b>Contact Number:</b>	
<b>Occupation:</b>		
<b>Unique Student Identifier (USI) Number:</b>		
<b>Have you previously volunteered or been employed by St John NT?</b> Please provide details:		
<b>Are you Aboriginal or Torres Strait Islander?</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> No		
<b>Driver's License:</b>	<b>State Issued:</b>	<b>Expiry:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NT <input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> VIC <input type="checkbox"/> QLD <input type="checkbox"/> WA <input type="checkbox"/> SA <input type="checkbox"/> TAS	
<b>Covid Vaccination:</b>	<b>*Please supply certificate with this application.</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Working With Children Clearance</b>	<b>Working With Children Card Number:</b>	<b>Expiry:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Details:		
<b>Full Name:</b>	<b>Contact Number:</b>	<b>Relationship:</b>
Qualifications		
<b>Year Completed:</b>	<b>Qualification Code:</b>	<b>Qualification Title:</b>
Which area of Volunteering are you interested in?		
<input type="checkbox"/> Event Health Services	<input type="checkbox"/> Community Response Team	
<input type="checkbox"/> Community Education	<input type="checkbox"/> Operational Support	

Referee Details		
<b>Title:</b>	<b>Full Name:</b>	
<b>Relationship:</b>	<b>Contact Number:</b>	<b>Email Address:</b>
<b>Title:</b>	<b>Full Name:</b>	
<b>Relationship:</b>	<b>Contact Number:</b>	<b>Email Address:</b>

**If you currently hold any of the below, please provide copies:**

- |   |   |
|---|---|
| <input type="checkbox"/> NT Working with Children Clearance | <input type="checkbox"/> HLTAID003 Provide First Aid              |
| <input type="checkbox"/> National Police Clearance          | <input type="checkbox"/> HLTAID006 Provide Advanced First Aid     |
| <input type="checkbox"/> NT Driving Licence (C Class)       | <input type="checkbox"/> HLTAID007 Provide Advanced Resuscitation |
|   | <input type="checkbox"/> AHPRA Registration                       |

**Please ensure you understand the below conditions and requirements:**

I, hereby acknowledge as a volunteer member with St John Ambulance Australia (NT) Inc. I shall:

- Abide by current St John Ambulance Australia (NT) Inc. Policies, Procedures, and Code of Conduct.
- Continually maintain or update my skills and knowledge in First Aid, and Child Protection practices
- Hold a valid Northern Territory Working with Children Clearance
- Present a positive image of St John Ambulance Australia (NT) Inc. to the community
- Undertake a National Police Clearance initially, then bi-annually
- Complete a three (3) month probationary period
- Notify St John Ambulance Australia (NT) Inc. immediately of the suspension of my National Police Clearance, Working with Children Clearance, Driving License or any breach of Policies, Procedures or Code of Conduct
- Return all Personal Protective Equipment (PPE), Uniforms, and Identification Cards issued upon my resignation from St John Ambulance Australia (NT) Inc

**Declaration:**

I, hereby authorise St John Ambulance Australia (NT) Inc. to contact my nominated referees in regard to my application to become a volunteer, and declare that all the information I have supplied in this application is correct and understand that any false declarations made above will invalidate my application. I also give St John Ambulance Australia (NT) Inc. permission to obtain my photograph and use the image along with my name for all marketing purposes including on social media platforms.

**Full Name:**

**Signature:**

**Date:**

**Office Use Only:**

**Director/Delegate Approval**

This application for registration to become a St John Ambulance Australia (NT) Inc. Volunteer has been reviewed and assessed as:  Approved  Not Approved  Approved (on condition):

**Full Name:**

**Date:**

**Signature:**