



Samford Support Network - Admin

Membership Application Form

1 Purpose of this form

The Samford Support Network (SSN) will use this form to collect information about a person wishing to become a member of the Samford Support Network. The application will be considered and voted on by the SSN Management Committee and you will be notified of the outcome.

To become a member of the Samford Support Network you will need to meet the following minimum criteria:

- (a) Be at least 18 years of age and be fit enough to undertake the duties for which you are volunteering.
- (b) Drivers must be less than 80 years old, have a current open drivers licence, a roadworthy car and comprehensive insurance. It is recommended that you disclose to your insurance company that you are undertaking volunteer driving duties for the SSN. A disclosure information form is available on request. (**Note:** Members over 75 years of age have limitations on benefits from the SSN insurance, currently the maximum capital benefit is \$50,000, and the maximum weekly bodily injury benefit is \$1,000.)
- (c) Must have a personal email address and Internet access.
- (d) Must live in one of the following suburbs in the Queensland 4520 postcode area as defined by Australia Post: Samford Village, Samford Valley, Wights Mountain, Camp Mountain, Highvale, Closeburn, Cedar Creek, Yugar or Draper.
- (e) Must be willing to sign and adhere to the SSN Code of Conduct.

2 Application Process

Thank you for applying to be a member of the SSN to support your community.

Please complete this Membership Application Form ensuring all sections are completed and answered honestly.

Post, email or send your completed application form to an SSN Management Committee member. For your privacy, only provide your forms to an SSN Management Committee member or email SSN-MC@googlegroups.com. The SSN Management Committee will review and decide on your membership.

Please allow up to 2 weeks for your application to be processed. You will be advised once your application is approved by the SSN Management Committee.

Important Information

Having a medical condition or illness does not necessarily preclude you from undertaking a particular role, but rather allows the SSN to support you in undertaking your role safely and appropriately.

Your application must be processed by SSN before you are considered a member. Please be aware that you are not covered by any of the protections offered to SSN volunteers, such as insurance, until you have received written confirmation of your membership from the SSN Management Committee.

Criminal History Checks

All potential members must undertake a Criminal History Check prior to conducting any activities for the SSN. The Criminal History Check is completed by Queensland Police and if not satisfactory, you will be notified.

3 Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Samford Support Network Inc for the administration of your membership of the SSN, payments and services. Your information may be used by the SSN Management Committee and may be seen by advisors to the SSN (e.g. for legal, accounting, audit purposes), our partners (e.g. Community), or where you have agreed, or where it is required or authorised by law to be disclosed.

4 For more information

If you require more information or have any questions, please contact one of the SSN Management Committee on SSN-MC@googlegroups.com or by contacting the SSN phone number 0470 214 916.

5 Information collection

Please complete all the un-shaded boxes.

Your details

Title	Given Name/s (as shown on official documentation)	Surname (as shown on official documentation)	Preferred Name
Date of Birth		Comprehensive car insurance?	Drivers Licence Class
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender		Country of Citizenship	
<input type="checkbox"/> Male	<input type="checkbox"/> Female		

Contact details

Residential Address			
Postal Address	<i>(insert "AS ABOVE" if same as Residential Address)</i>		
Primary Phone	Secondary Phone	Other Phone	
Number:	Number:	Number:	
Type: <input type="checkbox"/> mobile, <input type="checkbox"/> home, <input type="checkbox"/> work	Type: <input type="checkbox"/> mobile, <input type="checkbox"/> home, <input type="checkbox"/> work	Type: <input type="checkbox"/> mobile, <input type="checkbox"/> home, <input type="checkbox"/> work	
Email Address			

Next of Kin Details

Title	First Name	Surname	Relationship
Address			
<i>(insert "AS ABOVE" if same as the Applicant's Address)</i>			
Primary Phone	Secondary Phone	Other Phone	
Number:	Number:	Number:	
Type: <input type="checkbox"/> mobile, <input type="checkbox"/> home, <input type="checkbox"/> work	Type: <input type="checkbox"/> mobile, <input type="checkbox"/> home, <input type="checkbox"/> work	Type: <input type="checkbox"/> mobile, <input type="checkbox"/> home, <input type="checkbox"/> work	
Email Address			

Special Skills or Qualifications

Please list here your special skills, qualifications and previous volunteer work which you would like to share with our residents or use on behalf of the SSN.

Areas of interest

I am happy to help in the following area (tick as many as you like):

Transport related	Other services
<input type="checkbox"/> SSN Communitify Drives (Transport of clients organised by our partners Communitify)	<input type="checkbox"/> Fundraising and Events support
<input type="checkbox"/> SSN Private Drives (Transport of clients organised by SSN for clients who are not able to be transported under Communitify)	<input type="checkbox"/> In-home support (including preparation and delivery of meals and cleaning)
<input type="checkbox"/> Social Networking (transporting clients to and from weekly social outings such as Brookside Shopping Centre, Friday lunch outings)	<input type="checkbox"/> Handyman Help
<input type="checkbox"/> Client visitation (well-being and visits for company and a chat)	<input type="checkbox"/> Gardening
<input type="checkbox"/> Equipment transport (pickup and drop off from SSN Storage facility to client's homes. Mainly medical and disability related)	<input type="checkbox"/> Emergency pet care
<input type="checkbox"/> Food Transport (pickup from local SSN food stores and drop off at client's homes.)	

6 Agreement and Signature

- I agree that my name, address, email address and primary contact number can be stored on the SSN database, and shared within the SSN, to organisations and other groups with whom the SSN works.
- I acknowledge that the SSN currently has a public liability insurance for \$20million and a minimal volunteer accident insurance.
- I acknowledge and agree that the SSN will conduct a Criminal History Check which requires me to provide photocopies of proof of identification (Drivers licence, passport, or other documents).
- I acknowledge and agree to read, sign and adhere to the SSN Code of Conduct.

Please tick one:	I agree that pictures of me can be taken and used during or after my period of membership in any media to promote the Samford Support Network and its activities, including those of partners and sponsors of the SSN.
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Applicant		Date	
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Our VISION

A well connected and well supported community.

Our MISSION

Providing assistance to people in our community with a wide range of individual and caring support.

Our OBJECTS

The Samford Support Network Objects are:

- (a) Provide support (including but not limited to transport, social network and emergency support) to people in the Samford Area who are:
 - (i) struggling and frail elderly; or
 - (ii) struggling and have a disability; or
 - (iii) struggling and incapacitated due to illness, trauma or accident; or
 - (iv) struggling.
- (b) Offer transport back to Samford for people meeting Object a) who used to live in Samford and have moved in the proximity of Samford and cannot drive themselves.
- (c) Receive and acquit financial support through grants and community sources to further the Objects of the association.