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| Document Title | Volunteer Expression of Interest |
| Version | 2b |
| Document Code | FRM- VolunteerEOI-V2c |



Unit 30/31
24 Cavenagh Street
Darwin, NT 0801
info@umnt.org.au
umnt.org.au

Volunteer Expression of Interest Form

Part 1: Applicant Details

| | | | |
|---|---|---------------|---|
| Full Name | | Sex | <input type="checkbox"/> M <input type="checkbox"/> F |
| Home Address | | Post Code | |
| Mobile Number | | Date of birth | |
| Email Address | | Occupation | |
| Are you Aboriginal or Torres Strait Islander? | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> No | | |

Part 2: Eligibility

Please ensure you understand the below conditions and requirements:

- All volunteers must abide by current UMNT Inc. policies, procedures, and code of conduct.
- All volunteers must provide a police check and working with children clearance upon request.
- All volunteers must present a positive image of UMNT Inc. to the community.
- All volunteers must always behave respectfully and professionally especially with colleagues and UMNT officials.
- All volunteers must notify UMNT Inc. immediately of the suspension of National Police Clearance, Working with Children Clearance, Driving License or any breach of Policies, Procedures or Code of Conduct.
- All religious activities undertaken by UMNT will be in line with the Qur'an and Sunnah, based on Sunni teachings and not restricted to any particular madhab. Practices will not be influenced by sectarian, ideological, political or any particular organization's teachings. All volunteers are expected to respect and abide by this.
- All Volunteers must return all Personal Protective Equipment (PPE), Uniforms, and Identification Cards issued upon my resignation from UMNT Inc.
- All volunteers must respect and abide by the decisions made by the UMNT board.

1. Do you agree to the above?

Yes No

2. How long have you lived in the NT for? _____

3. Are you a member of any Islamic Society in NT?

Yes, specify _____ No

a. If yes, are you a management member of the organisation?

Yes, specify position _____ No

4. Have you provided **100 Points ID** (*Supporting Documents 100 Point Identification Checklist – NT Gov*)

Yes No

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Part 3: Volunteering

1. What areas are you interested in volunteering? (You may tick more than one):

- | | |
|---|---|
| <input type="checkbox"/> Youth engagement | <input type="checkbox"/> Remote outreach |
| <input type="checkbox"/> Education | <input type="checkbox"/> Women’s engagement |
| <input type="checkbox"/> Advancing Health | <input type="checkbox"/> Marketing and Media |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Events management |
| <input type="checkbox"/> Leading prayers | <input type="checkbox"/> Chaplaincy |
| <input type="checkbox"/> Jumuah khateeb | <input type="checkbox"/> Disability support services |
| <input type="checkbox"/> Administration/ Office tasks | <input type="checkbox"/> Other, please specify: _____ |

2. Please tell us about any relevant skills or experience you have (200 words max.)

3. Times available (Please indicate) when you have time to volunteer:

| | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Part 4: Referee

| | Referee 1 | Referee 2 |
|----------------------|------------------|------------------|
| Full Name | | |
| Home Address | | |
| | Post Code | Post Code |
| Phone Number | | |
| Email Address | | |
| Relationship | | |

Part 5: Emergency Contact

| | | | |
|---------------------|--|----------------------|--|
| Full Name | | | |
| Phone Number | | Email Address | |

Part 6: Declaration

I, hereby authorise UMNT 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.

Signature and Full Name

Date (DD/MM/YYYY)

Please return this form to: UMNT Inc. (address in header) or: info@umnt.org.au

Office Use Only

Director/Delegate Approval

This application for registration to become a UMNT Inc. Volunteer has been reviewed and assessed as: Approved Not Approved Approved (on condition):

Signature and Full Name

Date (DD/MM/YYYY)