

# Voluntary Work Verification of Voluntary Work

Use form if you intend to participate in the Australian Government Department of Human Services approved voluntary work, to meet your Mutual Obligation Requirements. Complete your details and the details of the voluntary work you intend to do. Ask the voluntary work organisation to complete page 2. Return this form to your local service centre to have this voluntary work approved.

## Customer to complete

1 Your name

2 Your Centrelink Reference Number (if known)  
 -  -  -

3 Your local service centre

4 Service centre address  
  
  
 Postcode

5 Voluntary work organisation name

6 Organisation permanent address  
  
  
 Postcode

7 Organisation postal address (if different to above)  
  
  
 Postcode

8 Organisation contact details  
Phone number ( )   
Email  
  
 @  
Website

9 Description of voluntary work position

10 For the period  
From  /  /  To  /  /

11 How many hours of voluntary work will you be doing?  
 hours over  weeks

## 12 IMPORTANT INFORMATION

### Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

## 13 Statement

### I declare that:

- the information I have provided in this form is complete and correct.
- I will advise the Australian Government Department of Human Services if there are any changes to my voluntary work.

### I understand that:

- giving false or misleading information is a serious offence.
- the Australian Government Department of Human Services can make relevant enquiries to make sure I receive the correct entitlement.
- Mutual Obligation Requirements means Activity Test or participation requirements under the *Social Security Act 1991*.

Your name

Your signature

Date  
 /  /



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## Voluntary work organisation to complete

### 14 Organisation name

  

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### 15 Organisation contact person

Mr  Mrs  Miss  Ms  Other

Full name

  

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Position held

### 16 Organisation contact person details

Phone number ( )

Mobile phone number

Fax number ( )

Email

  

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Website

### 17 Description of voluntary work position

### 18 For the period

From

 /  / 

To

 /  / 

### 19 How many hours of voluntary work will the customer be doing?

 hours over  weeks

### 20 Is the organisation community based?

No

Yes

### 21 Please read this before answering the following question.

**'Appropriate' insurance includes** public liability cover of at least \$5 million, as well as personal accident cover. There is no minimum amount of personal accident insurance to be held, and organisations should seek professional advice in determining what level of cover is appropriate.

Does the organisation have current appropriate public liability and personal accident insurance?

No  **Go to next question**

Yes



**Note:** Copies of insurance policies may be requested.

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### 23 Statement

#### I declare that:

- the information I have provided in this form is complete and correct.

#### I certify that:

- we will advise the Australian Government Department of Human Services **within 14 days** if our insurance circumstances change.
- paid positions are not being replaced by the use of volunteers.
- we agree to verify the volunteer's attendance if required.
- we operate on a 'not for profit' basis.
- we verify that the information provided in relation to hours and dates of voluntary work is correct.

Signature of authorised representative

Date

 /  / 

### 24 Returning this form

**Please return this form as soon as possible to one of our service centres**, as approved voluntary work cannot commence until this form is returned.

#### OFFICE USE ONLY

Customer is approved to fully meet their Mutual Obligation Requirements through:

voluntary work 30 hours+ per fortnight  OR  
combination voluntary and paid work 30 hours+ per fortnight

Approved  Not approved

CSO's name

Phone number

 ( ) 

Date

 /  /