



VOLUNTEER APPLICATION FORM

Full Name: _____ Date of Birth: _____

Address _____

Postcode: _____

Telephone: (Home) _____ (Mobile) _____

How did you hear about our volunteer program?

What is your motivation for volunteering?

- | | | |
|---|---|---|
| <input type="checkbox"/> To help others/ give back to the community | <input type="checkbox"/> To practice skills | <input type="checkbox"/> Social interaction |
| <input type="checkbox"/> Centrelink / Job Network referrals | <input type="checkbox"/> Personal Satisfaction | <input type="checkbox"/> Work experience |
| <input type="checkbox"/> To make a difference | <input type="checkbox"/> To be active/ keep busy | <input type="checkbox"/> To build self esteem |
| <input type="checkbox"/> To practice English | <input type="checkbox"/> To explore new interests | <input type="checkbox"/> To learn about ICH |
| <input type="checkbox"/> Other (please specify): _____ | | |

Please list any documentation you currently have:

(e.g. Blue card, Police check, Driver's License, First Aid certificate etc)

Please list skills, qualifications or life/work experience

Are there any skills would you like to enhance/develop from volunteering?

What kind of volunteer work are you interested in?

- | | | | |
|------------------------------|--------------------------|--------------------------------------|--------------------------|
| Catering / Kitchen Assistant | <input type="checkbox"/> | Office / Administration | <input type="checkbox"/> |
| Gardening | <input type="checkbox"/> | Research / Writing grant submissions | <input type="checkbox"/> |
| Bus Driver | <input type="checkbox"/> | Data entry | <input type="checkbox"/> |
| Assisting at events | <input type="checkbox"/> | Media and Marketing | <input type="checkbox"/> |
| Playgroup | <input type="checkbox"/> | Adult Literacy help | <input type="checkbox"/> |
| Homework help | <input type="checkbox"/> | Musical Morning Tea | <input type="checkbox"/> |
- Other (please specify): _____

Are you looking to volunteer on an ongoing basis or for a specific project/ period of time?

Are you interested in volunteering at community events in future? _____

Which days, times or how many hours are you available to volunteer?

Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM
Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM

Would you be willing to be contacted outside of the above hours if volunteers are needed (for example if another volunteer calls in sick prior to an event)? Yes / No

Do you have any health issues that may affect your ability to volunteer or that we need to know about?

Names and contact details of **two** people that we could contact in case of emergency?

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Declaration

By signing this form, you agree that the information above is true and correct.

Signature of Applicant: _____ Date: _____

Privacy Notice

The privacy and security of your personal information is important to us and is protected by law. We need to collect this information so we can match your interests as a volunteer. We only share your information with other parties where you have agreed, or where the law allows or requires it.