

Volunteer Application

Form no: 5.6.1

Privacy Statement

The details you provide to us will only be used for the purpose for which they were provided that is; any process related to pre-employment, employment and post employment as a volunteer. They will not be used for any other purpose without your consent. The organisation has systems in place to ensure applicant and volunteer personal and confidential information is safe guarded against loss, unauthorised access, modification or disclosure.

Personal Details

Surname: _____ **First Name:** _____

Preferred Name: _____ **Gender:** Female / Male

Address: _____

Phone: _____ **Mobile:** _____ **Fax:** _____

Email: _____

Date of Birth: _____

Driver's License No: _____ **Expiry Date:** _____

Bus License No (if applicable): _____ **Expiry Date:** _____

Type of Bus License (if applicable): _____

Country of Birth: _____

Language/s Spoken:

- English
-
-

Would you be willing to have your language skills assessed and to be used as an interpreter for residents and their families from time to time?

YES	NO

Age(please circle): 15-19 20-24 25-34 35-44 45-54 55-64 65+

Emergency Contacts

Contact 1

Surname: _____ **First Name:** _____

Address: _____

Phone: _____ **Mobile:** _____ **Fax:** _____

Email: _____

Contact 2

Surname: _____ **First Name:** _____

Address: _____

Phone: _____ **Mobile:** _____ **Fax:** _____

Email: _____

Volunteer Application

Form no: 5.6.1

What is your current position?

- Paid full time employment
- Paid part time employment
- Unemployed
- On WorkCover
- Retired
- Student
- Currently Volunteering

Comment:

Do you have access to a car?

Yes

No

Comment:

Why would you like to be a volunteer for this organisation?

What are your skills and experience?

What relevant qualifications or courses have you completed?

Note: A certified copy of relevant qualifications and transcripts are required eg; first aid certificate.

Volunteer Application

Form no: 5.6.1

What are your interests and hobbies?

What day/s and hours of the day are you available?

Do you have a disability or medical condition that might prevent you from doing certain types of tasks?

Yes	No

Comment:

Referees:

Previous Employer/Manager:

1) Name: _____ Contact No: _____

Organisation: _____

Relationship to Applicant: _____

Previous Volunteer Program Manager or Community Leader:

2) Name: _____ Contact No: _____

Organisation: _____

Relationship to Applicant: _____

Person who has known you for more than 5 years:

3) Name: _____ Contact No: _____

Organisation: _____

Relationship to Applicant: _____



Volunteer Application

Form no: 5.6.1

Police check:

Appointment to a volunteer position will only be made following a satisfactory police check. Please complete the [Consent to Obtain a Police Check form](#) attached.

Applicant Signature

Date

Office Use:

Reference Check Reference Number:

1)

2)

3)

Proceed to Volunteer Agreement

Name and Position

Signature

Date
