

VOLUNTEER APPLICATION FORM

FULL NAME: _____ DATE OF BIRTH: _____
 ADDRESS: _____ POSTCODE: _____
 HOME PH: _____ MOBILE: _____ WORK: _____
 EMAIL: _____
 STATUS: Student Working Looking for paid work VW1 Retired
 How did you hear about us? _____

AREAS OF VOLUNTEER WORK YOU ARE INTERESTED IN:

- | | |
|---|-------------------------|
| Support for services at Social Club | Driving |
| Dementia Care | Art/Craft |
| Disability Services | Maintenance/Handyperson |
| Vacation care for teenagers with disabilities | Marketing/Expos |
| Computer skills tuition (MS Office, Smart technology) | Gardening |
| General Administration | Board of Management |

Details of relevant skills or attach Resume: _____

Preferred type of placement: Regular On Call

AVAILABILITY:

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Do you have a current valid driver's licence? *Provide a copy* YES NO CLASS: _____
 Do you have a current Working With Children Check (WWC)? *If Yes, provide a copy* YES NO
 If No, are you prepared to obtain a WWC (*compulsory for certain roles*)? YES NO
 Do you have a current police clearance? *Provide a copy if current* YES NO
 If No, are you prepared to obtain a police clearance? YES NO
 Do you have any physical limitations or are you on any medication which might limit your ability to perform certain types of work? YES NO

If Yes, please provide details: _____

Please provide names and telephone numbers of two referees: _____

Applicant signature: _____ Date: _____

OFFICE USE ONLY: Volunteer to be appointed: YES NO If No, provide details:

Volunteer position: _____ Service/section: _____

Hrs per week/fortnight: _____

Start date: _____ (*At least 2 weeks from interview date if new Police Clearance needed*)

Approved by: _____ Signature: _____ Date: _____

MANAGER/TEAM LEADER -RETURN THIS FORM TO VOL COORDINATOR WITH COPIES OF ANY ABOVE DOCS.