

VOLUNTEER APPLICATION FORM

Contact and Background details

Title:		Given name:		Family name:	
Address:					
Suburb:				Postcode:	
Landline telephone : <i>(please tick preferred contact)</i>				Preferred contact	
Mobile telephone:				Preferred contact	
E-mail address:				Preferred contact	
Date of Birth:			Gender:		

Skills and Qualifications

Have you volunteered before: <i>(please tick)</i>	Yes		No	
Your key skills and qualification: <i>(summarises your key qualifications, experience, skills)</i>				
Previous work experience: <i>(summarises)</i>				
Hobbies and interests: <i>(please list)</i>				
Any work you are unable to do:				

Do you have any of the following- *(please tick)*

Working with children check:		Police check:	
Driver's licence:		Driver's licence Light Rigid:	
Driver's licence Medium Rigid:		Driver's licence Heavy Rigid:	

Would you be willing to obtain any of the following- *(please tick)*

Medical Check:		Police check:		Working with Children check:	
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Are you available for- *(please tick)*

General volunteering:		Special events: <i>(e.g. festivals, fundraisers)</i>		Emergency response: <i>(e.g. disaster recovery operations)</i>	
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Other Information *(the following information is requested for statistical purposes)*

How did you find out about us:	
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What is your country of birth:							
Are you from a non-English speaking background?		Yes				No	
If yes, do you need an interpreter?		Yes				No	
Are you indigenous or Torres Strait Islander?		Yes				No	
Do you have a disability?		Yes				No	
If yes, <i>(please tick type)</i> :		Psychiatric		Intellectual		Physical	
						Unspecified	
Are you a job seeker?		Yes				No	
Are you volunteering as a part of Centrelink obligations?		Yes				No	
If you receive Centrelink please select the benefit type: <i>(please tick)</i>							
Aged Pension:				Parenting Payment:			
Austudy:				Service Pension			
Carer Payment:				Sickness Allowance:			
Disability Payment:				Youth Allowance:			
Newstart Allowance:				Other <i>(please specify)</i> :			

What is your current work status- <i>(please tick)</i>			
Employee (casual):		Self-employed:	
Employee (part time):		Unemployed:	
Employee (full time):		Student:	
Home duties:		Retired:	
Other:		<i>Please specify:</i>	
What is your main work history- <i>(please tick)</i>			
Labour <i>(no qualifications)</i> :		Business <i>(e.g. office, admin)</i> :	
Trade <i>(e.g. carpenter)</i> :		Professional <i>(e.g. accountant)</i> :	
Commercial <i>(e.g. shop assistant)</i> :		Other <i>(e.g. student)</i> :	
Are you fluent in any languages other than English? <i>(please list)</i>			

Interests

These are the skills that you wish to use, or task you wish to preform: *(please tick)*

- | | |
|---|--|
| <input type="checkbox"/> Administration & Office Management | <input type="checkbox"/> Handyman/woman |
| <input type="checkbox"/> Accounting & Finance | <input type="checkbox"/> Information, Tour guides & Heritage |
| <input type="checkbox"/> Aged Care | <input type="checkbox"/> IT & Web Development |
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Library services |
| <input type="checkbox"/> Art/Craft/ Photography | <input type="checkbox"/> Marketing, Media & Communications |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Mediation & Advocacy |
| <input type="checkbox"/> Companionship & Social Support | <input type="checkbox"/> Migrant Support/Mentoring |
| <input type="checkbox"/> Counselling & Help Line | <input type="checkbox"/> Music & Entertainment |
| <input type="checkbox"/> Disability Support | <input type="checkbox"/> Research, Policy & Analysis |
| <input type="checkbox"/> Driving & Transportation | <input type="checkbox"/> Retail & Sales |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Second Language |
| <input type="checkbox"/> Environmental and Conservation | <input type="checkbox"/> Sport and Recreation |
| <input type="checkbox"/> Emergency Services Training and Safety | <input type="checkbox"/> Social support |
| <input type="checkbox"/> Food preparation & Service | <input type="checkbox"/> Trades and Maintenance |
| <input type="checkbox"/> Fundraising & Events | <input type="checkbox"/> Tutoring & Mentoring |
| <input type="checkbox"/> Garden Maintenance | <input type="checkbox"/> Writing & Editing |
| <input type="checkbox"/> Governance, Board & Committee | |

Service Focus

This is the type of organisation that you would like to help: *(please tick)*

- | | |
|---|---|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Human Rights |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Indigenous |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Museums & Heritage |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Drug & Alcohol Support | <input type="checkbox"/> Migrant Support |
| <input type="checkbox"/> Education | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Seniors & Aged Care |
| <input type="checkbox"/> Environment & Conservation | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Veteran & Ex-Service |
| <input type="checkbox"/> Health | <input type="checkbox"/> Young People |

Availability

What days/time are you available to volunteer? <i>(mark all that apply)</i>			
	AM	PM	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Volunteer Authorisation

I authorise Community Information and Support Victoria to release information to member organisation, if and when needed, in order to obtain a volunteer position and give my consent to my details being entered onto a database to be used for volunteering related purposes.

Signature: _____

Date: _____

When completed, please return to us by post, fax or email.
Community Information and Support Victoria
 Attention Jill Wilson

Suite 907, Level 9 343 Little Collins Street, Melbourne 3000
Fax 03 9672 2099
Email office@volunteersofbanyule.org.au

For any questions please contact us on 9497 2777

Office use

Date: _____

Information Officer: _____

ID: _____

Position ID	Organisation Name	Role