



VOLUNTEER APPLICATION FORM

Your Details

First name:				Family name:					
Address:									
State				Postcode:					
Phone:									
E-mail:									
Date of Birth:				Gender					
Have you volunteered before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Do you have access to transport?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
What is your previous work experience (and what are your key skills?)									
What skills would you like to develop?									
What hobbies/activities do you enjoy?									
Is there any work you are <u>unable</u> to do?									
Do you have (or are willing to get) any licences or certificates <i>(Please tick the options that apply)</i> .									
Working with children check:	<input type="checkbox"/>			Police check:	<input type="checkbox"/>				
Driver's licence:	<input type="checkbox"/>			Medical Check:	<input type="checkbox"/>				
Other:									
Are you available for?									
General Volunteering?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Special Events?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Emergency Response?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

Other Information *(the following information is requested for statistical purposes)*

How did you find out about us?									
What is your country of birth?									
Are you from a non-English speaking background?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, do you need an interpreter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you speak a language other than English? Which one/s?									
Are you indigenous or Torres Strait Islander?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Do you require any support to carry out the roles of interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
If yes, please specify:									



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What is your Work history?	Business <input type="checkbox"/>	Commercial <input type="checkbox"/>	Labour <input type="checkbox"/>	Professional <input type="checkbox"/>	Trade <input type="checkbox"/>	Other <input type="checkbox"/>	If Other, please specify	
What is your current working status	Employee Casual <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Home duties <input type="checkbox"/>	Retired <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Student <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Visitor <input type="checkbox"/>	Other <input type="checkbox"/>

Availability

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

Your Volunteering Interests

<p>In what areas would you like to volunteer? (Please tick the options that MOST interest you).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accounting & Finance <input type="checkbox"/> Administration & Office Management <input type="checkbox"/> Art, Craft & Photography <input type="checkbox"/> Childcare <input type="checkbox"/> Companionship & Social Support <input type="checkbox"/> Counselling & Help Line <input type="checkbox"/> Disability Support <input type="checkbox"/> Driving & Transportation <input type="checkbox"/> Education & Training <input type="checkbox"/> Food Preparation & Service <input type="checkbox"/> Fundraising & Events <input type="checkbox"/> Garden Maintenance <input type="checkbox"/> Governance, Board & Committee <input type="checkbox"/> Information, Tour Guides & Heritage <input type="checkbox"/> IT & Web Development <input type="checkbox"/> Library Services <input type="checkbox"/> Marketing, Media & Communications <input type="checkbox"/> Mediation & Advocacy <input type="checkbox"/> Music & Entertainment <input type="checkbox"/> Research, Policy & Analysis <input type="checkbox"/> Retail & Sales <input type="checkbox"/> Safety & Emergency Services <input type="checkbox"/> Second Language <input type="checkbox"/> Senior Aged Care <input type="checkbox"/> Sport & Recreation <input type="checkbox"/> Trades & Maintenance <input type="checkbox"/> Tutoring & Mentoring <input type="checkbox"/> Working with Animals <input type="checkbox"/> Writing & Editing 	<p>What causes do you wish to support by volunteering?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Animal Welfare <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Community Service <input type="checkbox"/> Disability Services <input type="checkbox"/> Disaster Relief <input type="checkbox"/> Drug & Alcohol Support <input type="checkbox"/> Education <input type="checkbox"/> Emergency Response <input type="checkbox"/> Environment & Conservation <input type="checkbox"/> Family Support <input type="checkbox"/> Health Recreation <input type="checkbox"/> Homeless <input type="checkbox"/> Human Rights <input type="checkbox"/> Indigenous <input type="checkbox"/> Mentoring <input type="checkbox"/> Migrant Support <input type="checkbox"/> Museums & Heritage <input type="checkbox"/> Seniors & Aged Care <input type="checkbox"/> Sport <input type="checkbox"/> Veteran & Ex-Service Community <input type="checkbox"/> Young People <input type="checkbox"/> Other
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Volunteer Authorisation

I authorise DVCS Volunteers Hub to release information to member organisations, if and when needed, in order to obtain a volunteer position. I also give my consent for my details being entered onto a database to be used for volunteering related purposes. The details provided in this form will not be used for any other purposes.

Signature _____ Date _____