

Volunteer Application Form

Date of Application: / / Interviewer:	
Referred by: please indicate (e.g. MVRC/SEEK/ bestchance website)	
Personal Details	
Family Name	Given Name : Preferred Name:
Preferred Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	
Country of Birth :	Languages spoken at home:
Address:	Suburb:
Date of Birth: / /	Postcode
Telephone: Home	Mobile:
Email:	
Emergency contact: Name: _____ Tel: _____ _____	
Are you currently Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Home Duties <input type="checkbox"/> Other <input type="checkbox"/>	
Days Available: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Frequency: ½day weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> emergency <input type="checkbox"/> other <input type="checkbox"/>	
Are you able to assist for: 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> Other <input type="checkbox"/> _____	
What are your interests, skills, and previous work experience (attach current CV if you have one)	
What type of volunteer work interests you? Kindergarten <input type="checkbox"/> Childcare <input type="checkbox"/> School Aid <input type="checkbox"/> Families <input type="checkbox"/> Fundraising <input type="checkbox"/> Early Intervention <input type="checkbox"/> Administration <input type="checkbox"/> Training <input type="checkbox"/> Maintenance <input type="checkbox"/> Gardening <input type="checkbox"/> Other <input type="checkbox"/> _____	

Have you any pre-existing injuries/illnesses which may affect the type of work you do as a volunteer? Yes No

If **yes** please provide details :

Is there any additional support you would need in your role as a volunteer? Yes No

If **yes** please provide details :

Are you registered with a support/employment agency?

Centrelink DVJS Other _____

What outcomes would you most like to achieve by volunteering with us?

Employment Course Entry Friendships Satisfaction from helping others Other reasons
(Please **number** in order of importance to you)

Will you be available to attend the induction session? Yes No

Are you willing to attend volunteer training programs? Yes No

Referees

Please list name, telephone, email of 2 referees.

Name	Employer	Position	Telephone No	Email

I give my permission for information in this application to be shared between the Volunteers Coordinator and appropriate **bestchance** staff.

I give my permission for my information to be entered onto **bestchance** volunteer database

Volunteer's signature: _____ Date: _____

OFFICE USE ONLY

Crimcheck application submitted. Date: Pending Completed
Working with Children Check: Check current Pending Completed

Comments

Program Referred to: