

Volunteer Application Form

Application Date _____

Contact & Background Details

Title _____ Given Name: _____ Surname: _____

Gender *(please circle)*: M F Non-binary Prefer not to say

Residential Address: _____

State _____ Postcode: _____

Phone (home): _____ Phone (mobile): _____

Email address: _____ Date of Birth: _____

Have you volunteered before? *(Please circle)* Yes No

Would you like to receive emails from us regarding volunteer opportunities? Yes No

(if you circled 'yes' to the above email, you agree to be added to our email database)

Do you have access to transport? *(please circle)* Public transport Own car

Your Experience, Skills & Abilities

What do you consider to be your key skills? _____

What skills would you like to develop? _____

What hobbies/activities do you enjoy? _____

Is there any work you are unable to do? _____

Do you have any of the following licences or certificates *(please tick the options that apply)*.

Driver's Licence *(please indicate class)* _____

Working with Children Check

RSA

Other: _____

(please note, you may be asked to provide a copy of the above licences)

Are you willing to apply for a National Police Clearance? Yes No

(A National Police Clearance is a requirement of using this volunteer referral service. Should you select 'No', this service cannot assist you further. The cost of your National Police Clearance is covered by this referral service)

Can you do heavy lifting? *(Please circle)* Yes No

Do you require any support to undertake volunteering? *(Please specify, and talk to your referral officer if you have any concerns):*

Do you have a serious health condition or allergy? *(Please circle)* Yes No

If yes, please provide details that our partner volunteer organisations need to be aware of (i.e. anaphylaxis) _____

Do you have/are you seeking a Mutal Obligation with Centrelink? Yes No Hours ____

(please note you will need to complete an SU462 form)

Statistical Data {OPTIONAL} *The following information is requested for statistical purposes/funding reports.*

How did you find out about us? _____

What is your country of birth? _____

Do you speak a language other than English at home? *(please list languages)*

Do you identify as Aboriginal or Torres Strait Islander? *(please circle)* Yes No

Do you have a disability? *(please circle)* Yes No

Where provided, I consent to the collection of the above sensitive personal information for the purposes of assessing and supporting my volunteer placement.

Availability

Please indicate which days/times of the week you are available for volunteering *(please tick days/times)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Are you available (on call or by appointment) for: *(Please circle)*

Regular Volunteering? Yes No

(i.e. weekly/fortnightly/monthly commitments)

Special Events? Yes No

Emergency Response? Yes No

What areas of volunteering are you interested in? (please refer to list attached):

What causes are you interested in supporting? (please refer to list attached):

I authorise the Manjimup Community Resource Centre to:

- Release relevant information to member organisations to obtain a volunteer position;
- Enter my details into their database;
- Use the above statistical information for reporting purposes.

All information collected will be handled in accordance with the Australian Privacy Principles. Your data will be stored securely and only used for volunteer coordination, referral to host organisations, and statistical reporting. You may request access to or correction of your personal information at any time.

I have read and understood the Southern Forests Volunteers Volunteer Agreement Form

_____ (signature) _____ (date)

Thank you for completing this form. We may contact you in the next few months to seek your opinion of the standards of service you have received from us during this referral.

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