

## SAMPLE VOLUNTEER APPLICATION FORM

### Your Contact Details:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Drivers Licence No \_\_\_\_\_ Vehicle Registration \_\_\_\_\_

**Prefer** Mobile [  ]                      Email [  ]                      Home Phone [  ]

### Emergency Contact Details

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Working with Children Check** [  ] Yes [  ] No [  ] Sighted Card No: \_\_\_\_\_

\*For some roles you may be requested to obtain a WWCC. It is free for volunteers.

**Ambulance Subscription** Yes [  ]                      No [  ]

\*In the case of an emergency an ambulance will be contacted and associated expenses the responsibility of individual staff / volunteers. Everyone is encouraged to have an ambulance subscription.

**Medical Conditions** Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks. If so, please detail:

\_\_\_\_\_

**Note** All medical and personal information will be treated as confidential.

### Permission to Use Photographs & Video

I \_\_\_\_\_, AGREE for ..... to take, use, & distribute photographs, in order to promote volunteering or the organisation. I allow such use.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**In order to assist us to match volunteers with areas of need/client requirements, please also provide the following details:**

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Preferred language \_\_\_\_\_

**Type of Work Preferred**

Please read the Volunteer Program Brochure for program information that will assist in selecting your preferences, and then tick the appropriate box below.

<input type="checkbox"/>	Administration
<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Assisting with programs
<input type="checkbox"/>	Special Interest Group
<input type="checkbox"/>	Book Club
<input type="checkbox"/>	Recreation Activities
<input type="checkbox"/>	

What days and times would you like to volunteer?

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
AM							
PM							

Please highlight the skills, knowledge and or experience you bring to this role:

\_\_\_\_\_

\_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only

Date Received:        /    /	<input type="checkbox"/>	Entered into Database
Confidentiality Statement signed <input type="checkbox"/>	<input type="checkbox"/>	Code of Conduct Signed
Orientation complete		
Induction complete		