# Sample Volunteer Application

### **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.

|  |  |
| --- | --- |
|  | Administration |
|  | Maintenance |
|  | Assisting with programs |
|  | Special Interest Group |
|  | Book Club |
|  | Recreation Activities |
|  |  |
|  |  |

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:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Signature Date

#### Office Use Only

Date Received: / / Entered into Database

Confidentiality Statement signed Code of Conduct Signed

Orientation complete

Induction complete