

## 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.

<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"/>	
<input type="checkbox"/>	

What days and times would you like to volunteer?

	MON	TUES	WED S	THUR S	FRI	SAT	SUN
AM							
PM							

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

---

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Date Received:        /        /

Confidentiality Statement signed ☐☐ Entered into Database☐ Code of Conduct Signed

Orientation complete

Induction complete