

PERSONAL DETAILS							
TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (Please specify):						
SURNAME				GIVEN NAME/S			
STREET ADDRESS							
				POST CODE			
POSTAL ADDRESS (LEAVE BLANK IF SAME AS ABOVE)							
				POST CODE			
HOME TELEPHONE				MOBILE			
EMAIL							
LANGUAGES OTHER THAN ENGLISH (PLEASE INDICATE YOUR LEVEL OF ABILITY)							
SPEAK							
READ							
WRITE							
RIGHT TO VOLUNTEER							
Are you an Australian citizen or resident?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
If not, you will be asked to provide a copy of your passport and visa.							
CURRENT OCCUPATION/STUDY							
<input type="checkbox"/>	Full time work	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Job Seeker	<input type="checkbox"/>	Visitor/Traveller
<input type="checkbox"/>	Part time work	<input type="checkbox"/>	Student	<input type="checkbox"/>	Home Duties	<input type="checkbox"/>	Income Support
VOLUNTEERING ROLES							
What type of role are you interested in?							
<input type="checkbox"/>	Visiting the elderly in aged care facilities (Brisbane only)			<input type="checkbox"/>	Visiting the elderly in their own home (Toowoomba only)		
<input type="checkbox"/>	Transport (Toowoomba only)			<input type="checkbox"/>	Administration		
<input type="checkbox"/>	Activities centre			<input type="checkbox"/>	Other		
Are you available to volunteer at special events?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
FITNESS TO VOLUNTEER							
ANY HEALTH OR MEDICAL ISSUES THAT WE NEED TO BE AWARE OF?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE SPECIFY INCLUDING ALLERGIES.							

<input type="checkbox"/>	REFEREE 1 CONTACTED		
<input type="checkbox"/>	REFEREE 2 CONTACTED		
<input type="checkbox"/>	COPY OF VALID DRIVERS' LICENCE ATTACHED (BOTH SIDES)		
<input type="checkbox"/>	COPY OF POLICE CERTIFICATE ATTACHED OR POLICE CERTIFICATE APPLICATION		
<input type="checkbox"/>	COPY OF PASSPORT AND VISA ATTACHED	<input type="checkbox"/>	NOT REQUIRED
<input type="checkbox"/>	VEVO CHECK COMPLETED	<input type="checkbox"/>	NOT REQUIRED
<input type="checkbox"/>	STATUTORY DECLARATION ATTACHED	<input type="checkbox"/>	NOT REQUIRED
COMMENCEMENT DATE			FINISH DATE