



# VOLUNTEER APPLICATION

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"/>	Administration		
<input type="checkbox"/>	Transport (Toowoomba & Warwick)			<input type="checkbox"/>	Other		
<input type="checkbox"/>	Activities centre – West End						
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.							

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<b>Mandatory Requirements</b>							
Do you have a current Police Certificate (renewed every 3 years)						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been a permanent resident overseas at any time over the age of 16?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a current open Driver's Licence (Transport only)						<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Skills/Interests/Reason for Volunteering</b>							
<b>REFEREES</b>							
Please provide the names of two people who have known you personally or professionally for at least 12 months.							
REFEREE 1							
NAME				Relationship			
PHONE				Email			
REFEREE 2							
NAME				Relationship			
PHONE				Email			
<b>AVAILABILITY</b>							
How many hours are you able to volunteer?				hours per week/fortnight/month (please circle)			
Please give an indication of the approximate days and times that you are available							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START							
FINISH							
<b>DECLARATION</b>							
I hereby state that the information given is true and correct.							
Signature						Date	





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<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