

Volunteer Application Form – CONFIDENTIAL

First Name Last Name

Email:..... Postcode.....

Phone: (H)..... (W)..... Mobile.....

Address: Postal..... Home.....

..... State..... State.....

Male Female Intersex Prefer Not To Say Date of Birth.....

Do you identify as Aboriginal or Torres Strait Islander? Aboriginal Torres Strait Islander Both

Country of Birth.....Permanent Resident/Citizen of Australia: Y N

Volunteer is seeking paid work at time of registration Y N

How far are you willing to travel and by what means? e.g.; local area by bus? / own car?

Do you have: Police check? Y N Working with Children’s check? Y N

Do you have a Centrelink requirement? Y N

Benefit Type:

Newstart Allowance Youth Allowance Disability Support Carer Allowance

Widow Allowance Aged Pension Parenting Single Parenting Partner

Employment Status:

Unemployed Unemployed/not on benefits Employed P/T Employed F/T

Student Retired WorkCover

Days?.....Employer.....

Student/School work experience?.....

Previous and Current: Education, training including qualifications, certificates, any specific skills? E.g.; handyman, music, craft etc. or work experience

Completed Pathways to Volunteering and Work course? Y N Would you like to? Y N

Preferred Types of Work

Aged Animal Services Any Arts and Heritage Children Cleaning

Computer/IT Cook/Assistant Disability Children Disability Adults Driving

Education/Schools Emergency Services Environment Hospitality Office Work

Retail Mentoring Multicultural Youth Other.....

Volunteer Availability:

MON TUE WED THUR FRI WEEKENDS AM PM BOTH AM/PM

Interested in assisting with one off events (e.g. Fundraising, Annual events) Y N

Are you Culturally and Linguistically diverse? Cultures(s)?.....

Other languages spoken?.....

Hobbies and Interests:

Do you have any health/medical issues or requirements that may impact on your volunteering? Y N

Physical Mental Illness Acquired Brain Injury Intellectual Vision Hearing

Medical condition.....

What do you hope to achieve by volunteering; e.g. experience, meeting people

How did you find out about the Albury Wodonga Volunteer Resource Bureau?

- Job Network Member Centrelink Phone book Internet Health Professional
- School/Uni/TAFE Special Promotions Radio/TV Newspaper Friends/Family
- Community Work Coordinator

Albury Wodonga VRB Information Statement

I agree to information provided on this form being given to other relevant agencies such as Centrelink, Job Network Providers and DEX.

I agree that Albury Wodonga Volunteer Resource Bureau may contact me regarding my volunteer placement. Y N

Signature of Volunteer: _____ **Date:** / /

PLEASE CHECK THAT YOU HAVE ENTERED AND MARKED ALL REQUIRED INFORMATION.

Thankyou

OFFICE USE

Interview Date: / / **Interview Time:**..... **By:**.....

Referred Not referred

Delayed – Organisations Choice Delayed – Volunteer’s choice

Job Title	Agency Name

Additional Information

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(Version 270618)