

# Volunteer Application Form

Thank you for your interest in volunteering. By providing us with the following information you will help us identify a position that suits your interests, skills, experience, location, and availability. \*Required

## Contact & Background Details

Title \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

\*Residential Address: \_\_\_\_\_

State \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (home): \_\_\_\_\_ \*Phone (mobile): \_\_\_\_\_

\*Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you volunteered before? (Please circle) Yes No

Have you attended an introduction to volunteering information session? Yes No

Would you like to receive emails from us regarding future opportunities? Yes No

Do you have access to transport? (Please circle) Public transport Own car

## Your Experience, Skills & Abilities

What is your previous work experience (and what are your key skills?) \_\_\_\_\_

What skills would you like to develop? \_\_\_\_\_

What hobbies/activities do you enjoy? \_\_\_\_\_

Is there any work you are unable to do? \_\_\_\_\_

Do you have (or are willing to get) any licences or certificates (Please tick the options that apply).

☐ Driver's Licence (C) ☐ Driver's Licence (F) ☐ Driver's Licence (HR)

☐ Driver's Licence (LR) ☐ Driver's Licence (MR) ☐ Medical Check

☐ National Police Certificate ☐ Traffic Check ☐ Working with Children

Other: \_\_\_\_\_

Can you do heavy lifting? (Please circle) Yes No

Are you available (on call or by appointment) for: (Please circle)

General Volunteering? Yes No

Special Events? Yes No

Emergency Response? Yes No

## Statistical Data

The following information is requested for statistical purposes/funding reports.

How did you find out about us? \_\_\_\_\_

What is your continent of origin? \_\_\_\_\_

Are you from a non-English speaking background? (Please circle) Yes No

Are you an Indigenous Australian? (Please circle) Yes No

Do you have a disability? (Please circle) Yes No

If so, do you require any support? (Please specify, and talk to your referral officer if you have any concerns):

Do you have a serious health condition? (Please circle) Yes No

Are you a job seeker? (Please circle) Yes No

Are you on a low income? (Please circle) Yes No

What is your current work status? \_\_\_\_\_

What is your work history? (Please circle) Business Commercial Professional Trade Labour Other

Interested in attending a Pathways to Volunteering and Work Course? Yes No  
(Please circle)

<b>Languages</b> <small>(Please circle)</small>		
Arabic	German	Portuguese
Burmese	Greek	Russian
Cantonese	Hindi	Serbian
Mandarin	Indonesian	Spanish
Croatian	Italian	Tagalog
Dutch	Japanese	Turkish
Filipino	French	Korean
Urdu	Macedonian	Vietnamese
Other: _____		

<b>Availability</b>			
Please tick which days and times you are available to volunteer.			
	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Public Holiday			

## Your Volunteering Interests

<b>In what areas would you like to volunteer?</b> <i>(Please tick the options that MOST interest you).</i>
<input type="checkbox"/> Accounting & Finance
<input type="checkbox"/> Administration & Office Management
<input type="checkbox"/> Aged Care
<input type="checkbox"/> Art, Craft & Photography
<input type="checkbox"/> Childcare
<input type="checkbox"/> Companionship & Social Support
<input type="checkbox"/> Counselling & Help Line
<input type="checkbox"/> Disability Support
<input type="checkbox"/> Driving & Transportation
<input type="checkbox"/> Education & Training
<input type="checkbox"/> Food Preparation & Service
<input type="checkbox"/> Fundraising & Events
<input type="checkbox"/> Garden Maintenance
<input type="checkbox"/> Governance, Board & Committee
<input type="checkbox"/> Information, Tour Guides & Heritage
<input type="checkbox"/> IT & Web Development
<input type="checkbox"/> Library Services
<input type="checkbox"/> Marketing, Media & Communications
<input type="checkbox"/> Mediation & Advocacy
<input type="checkbox"/> Music & Entertainment
<input type="checkbox"/> Research, Policy & Analysis
<input type="checkbox"/> Retail & Sales
<input type="checkbox"/> Safety & Emergency Services
<input type="checkbox"/> Second Language
<input type="checkbox"/> Sport & Recreation
<input type="checkbox"/> Trades & Maintenance
<input type="checkbox"/> Tutoring & Mentoring
<input type="checkbox"/> Working with Animals
<input type="checkbox"/> Writing & Editing

<b>What <u>causes</u> do you wish to support by volunteering?</b>
<input type="checkbox"/> Animal Welfare
<input type="checkbox"/> Environment & Conservation
<input type="checkbox"/> Museums & Heritage
<input type="checkbox"/> Arts & Culture
<input type="checkbox"/> Family Support
<input type="checkbox"/> Community Service
<input type="checkbox"/> Health Recreation
<input type="checkbox"/> Disability Services
<input type="checkbox"/> Homeless
<input type="checkbox"/> Seniors & Aged Care
<input type="checkbox"/> Disaster Relief
<input type="checkbox"/> Human Rights
<input type="checkbox"/> Sport
<input type="checkbox"/> Drug & Alcohol Support
<input type="checkbox"/> Indigenous
<input type="checkbox"/> Veteran & Ex-Service Community
<input type="checkbox"/> Education
<input type="checkbox"/> Mentoring
<input type="checkbox"/> Young People
<input type="checkbox"/> Emergency Response
<input type="checkbox"/> Migrant Support
<input type="checkbox"/> Other

**Thank you for completing this form.** We may contact you in the next few weeks to seek your opinion of the standards of service you have received from us during this referral.

I authorise the Albury Wodonga Volunteer Resource Bureau to release information to member organisations in order to obtain a volunteer position and give consent to my details being entered into their database to be used for volunteering related purposes.

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)