

South Eastern Community Connect Volunteer Application Form

Personal Details

First Name:	Surname:
Sex:	Date of Birth:
Address:	
Suburb:	Postcode:
Telephone (H):	Telephone (W):
Mobile Phone:	E-mail:
Languages:	

Emergency Details

Next of Kin:		Relationship:	
Telephone (H):		Telephone (W):	

Other Details

How did you hear about the South Eastern Community Connect?

Why do you want to volunteer with us?

Do you have any volunteer experience? Yes / No
Please list details of the organisation, type of work, number of years, etc:

What are you currently doing? (e.g. Employed FT, PT, retired, etc...)

HEALTH: Do you have any health issues/disabilities which may affect or prevent you from performing particular types of volunteer activities? Yes / No
Please give details:

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Which volunteer activities are you interested in? (Refer to activity statements)

Please state your preferences.

- 1.
- 2.
- 3.

How much time do you think you could spend volunteering?

How often are you available?

Flexible / Daily / Weekly / Fortnightly / Other (please specify) _ _ _ _ _

When are you available?

a.m.

p.m.

Monday

Tuesday

Wednesday

Thursday

Friday

Do you have expertise in a particular field or particular skills which you may like to share through volunteering? e.g. physical education, reception work, computing, gardening, art & craft etc...

Driving History

Do you have a Driver's Licence?

Yes / No

Type:

Do you have a car?

Yes / No

Licence No:

Years Driving:

Referees

SECC works with frail aged and younger people with disability and their carers and we must ensure their safety at all times. We ask that you provide us with the names and phone numbers of two referees, e.g. Previous employer, teacher etc...

1st Referee Name:

Relationship to you?

Telephone (H):

Telephone (W):

2nd Referee Name:

Relationship to you?

Telephone (H):

Telephone (W):

I understand that the work undertaken by SECC and their service user's business is strictly confidential and I undertake to maintain and respect this confidentiality at all times. I also give permission for the above referees to be contacted.

Signed:

Date:

Office only- received by:

Date:

Sign:

