**Volunteer Application Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Details | | | | | | | |
| Title | First Name | | Surname | | | Preferred Name | |
| Mr □ | Mrs □ | Miss □ | Ms □ |  | |  | | |  | |
| Address | | | | | | | |
|  | | | | | | | |
| Date of Birth | | Gender | | | | | |
|  | | M □ | F □ | Not Specified □ | Other □ Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Phone (Work) | | Phone (Home) | | | Phone (Mobile) | | |
|  | |  | | |  | | |
| eMail Address | | | | | | | |
|  | | | | | | | |
| Employment Status | | | | | | | |
| Working FT □ | Working PT/Casual □ | Retired □ | Unemployed □ | Other □ Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Languages Spoken | | | | | | | |
| Main Language Spoken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Languages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Indigenous Status | | | | | | | |
| Aboriginal/Torres Strait Islander □ | Other □ Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Health/Disabilities | | | | | | | |
| Do you have any health issues or disabilities which may affect or prevent you from performing particular types of volunteer activities? Yes □ (Please specify) | No □ | | | | | | | |
| How did you hear about South Eastern Community Connect? | | | | | | | |
|  | | | | | | | |
| Why do you want to volunteer with us? | | | | | | | |
|  | | | | | | | |
| Next of Kin/Emergency Contact | | | | | | | |
| Name | Relationship | | | Phone | | | Mobile/Phone |
|  |  | | |  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Volunteering Information | | | | | | | | | | |
| Previous Volunteering Experience (Two most recent) | | | | | | | | | | |
| Organisation | | | Type of work you did (Pleast list) | | | | | | How long were you there? | |
|  | | |  | | | | | |  | |
|  | | |  | | | | | |  | |
| Which volunteer activities are you interested in? Please list them in order. | | | | | | | | | | |
| 1.  2.  3. | | | | | | | | | | |
| When are you available? | | | | | | | | | | |
| Mon □ AM □/PM □ | Tue □ AM □/PM □ | Wed □ AM □/PM □ | Thu □ AM □/PM □ | Fri □ AM □/PM □ | | | | | | | | | | |
| How often are you available? | | | | | | No. hours per week you want to volunteer? | | | | |
| Flexible □ | Daily □ | Weekly □ | Fortnightly | □ Other specify \_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | | |
| Do you have expertise in a field or skills which you may like to share ? E.g .Physical education, reception , computing, gardening, art & craft. | | | | | | | | | | |
|  | | | | | | | | | | |
| Referee Details | | | | | | | | | | |
| Name | | Relationship | | | Phone | | | | | Mobile/Phone |
|  | |  | | |  | | | | |  |
| Driving Details (Only Required for Volunteer Drivers) | | | | | | | | | | |
| Do you have a driver’s licence? | How many years have you been driving? | | | | | | Do you have a car your own car? | | | |
| Yes □ | No □ |  | | | | | | Yes □ | No □ | | | |
| Licence Type(s) Held | Class(es) of Licence Held | | | | | | | | | |
| Learners □ | Provision (P1) □  Provision (P2) □ | Full Licence □ | Car □ | Rider □ | Light Rigid □ | Medium Rigid □ | Heavy Rigid □ Heavy Combination □ | Multi Combination □ | | | | | | | | | |
| Agreement and Acceptance | | | | | | | | | | |
| I understand and agree that:   * The work undertaken by South Eastern Community Connect (SECC) and the business of Service User’s (client’s) is strictly confidential and I willl maintain and respect SECC and Service User confidentiality at all times. * SECC works with frail aged and younger people with disabilities and their carers and we must ensure their safety at all times. * I give permission for the referee specified above to be contacted. * A Police Check will be undertaken and a Working with Children Check will be undertaken for work involving children. * A NSW Licence Check will be undertaken for Volunteer Drivers | | | | | | | | | | |
| Name | | | | Signature | | | | Date | | |
|  | | | |  | | | |  | | |

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| --- | --- | --- |
| Office Use Only | | |
| Received by | Date | Staff Signature |
|  |  |  |