

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.

Contact & Background Details

Date: _____

Given Name: _____ Surname: _____

Residential Address: _____

Si Vi fv: _____ State: _____ Postcode: _____

Phone (home): _____ Phone (mobile): _____

Email Address: _____ Male Female

Date of Birth: _____ Current Age: _____

 Have you volunteered before? *(Please tick)* Yes No

 Have you received a Volunteer Information Sheet? Yes No

 Do you have access to transport? *(Please tick)* 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? _____

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

 Driver's Licence (C) (F) (HR) (LR) (MR) Traffic Check Medical Check
 National Police Certificate Working with Children

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

Special Events? Yes No Emergency Response? Yes No

Statistical Data

The following information is requested for statistical purposes.

Are you from a non-English speaking background? <i>(Please tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your country of birth? _____		
Are you of Aboriginal descent? <i>(Please tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a disability? <i>(Please tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a chronic illness? <i>(Please tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a mental health illness? <i>(Please tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you find out about us? _____		

 What is your current work status? *(Please tick)*
Employee: - Casual; Part time; Fulltime;
 I bYa d'cnYX Registered; I bYa d'cnYX bchFY[gYfYX
 Retired; Self Employed; Student;
 Home Duties; Job Seeker; Overseas Visitor

 What is your work history? *(Please tick)*
 Business Commercial Professional
 Trade Labour Othef

Centrelink Details

- Aged Pension
- Austudy
- Carer Allowance
- CDEP Payment
- Disability Pension
- Mature Age Allowance
- Newstart Allowance
- Parenting Allowance
- Service Pension
- Sickness Benefit
- Youth Allowance
- Other
- N/A

Centrelink Category

- Not Applicable
- Work Experience Phase, 25
25hrs / week
- Work Experience Phase,
Other
- Full time 30hrs/fortnight
(55+)
- Combination Volunteering/
paid work (55+)
- Other (55+)

**In what areas would you like to volunteer?
(Please tick the options that MOST interest you).**

- Aboriginal or Migrant Support
- Animal Welfare
- Arts/Culture/Heritage
- Children, Youth & Families
- Community Service
- Disability Services
- Education & Mentoring
- Emergency Service
- Environment/Conservation
- Health & Human Rights
- Recreation
- Seniors & Aged Care
- Sport

Are you volunteering as part of a Centrelink obligation? (Please tick) Yes No

Are you a low income earner? (Please tick) Yes No

Which Job Service Provider are you registered with? _____

Thank you for completing this form. We may contact you in the next few months to seek your opinion of the standard of service you have received from us and our member agencies during this referral process.

I authorise this Volunteer Resource Centre 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.

Please sign: _____ **Date:** _____

Date	Organisation	Position	Consult Type T, E, F	Outcome

Notes: _____

Referring Officer: _____