

| |
|---------------------|
| ID Number: _____ |
|---------------------|

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 | Centrelink Category |
|---|---|
| <input type="checkbox"/> Aged Pension | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Austudy | <input type="checkbox"/> Work Experience Phase, 25 25hrs / week |
| <input type="checkbox"/> Carer Allowance | <input type="checkbox"/> Work Experience Phase, Other |
| <input type="checkbox"/> CDEP Payment | <input type="checkbox"/> Full time 30hrs/fortnight (55+) |
| <input type="checkbox"/> Disability Pension | <input type="checkbox"/> Combination Volunteering/ paid work (55+) |
| <input type="checkbox"/> Mature Age Allowance | <input type="checkbox"/> Other (55+) |
| <input type="checkbox"/> Newstart Allowance | |
| <input type="checkbox"/> Parenting Allowance | |
| <input type="checkbox"/> Service Pension | |
| <input type="checkbox"/> Sickness Benefit | |
| <input type="checkbox"/> Youth Allowance | |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> N/A | |

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

- Childcare
- Community Centre
- Community Group
- Cultural Activities
- Disability Services
- Education
- Environment
- Financial Services
- Health Services
- Homelessness
- Information Services
- Intercultural Activities
- Justice Services
- Leisure Services
- Local Government
- Mentoring
- Migration Services
- Multicultural Services
- Older People
- Other
- Parenting
- Physical Activities
- Religious Services
- Retail
- Schools
- Social Services
- Sports
- Support Services
- TAFE
- Theatrical Activities
- Transport Services
- Training
- Youth Services
- Volunteering
- Work Experience
- Workplaces
- Writing

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: _____