

Volunteer Application Form A



Surname		Given Names	
Preferred First Name (if different from above)			
Date of Birth		Country of Birth	
Languages Spoken Other than English		Aboriginal or Torres Strait Islander descent?	Yes / No

Home Address			
Postal Address			
Telephone Contact Numbers	Home	Work	Mobile
E-mail Address			
Who should we contact in case of emergency?	Name	Phone	

How would you prefer to receive information, including our newsletter, from Communities @ Work?

By Post By e-mail |

Why have you decided to undertake Volunteering work?

How did you hear about our Volunteers Program? eg (Word of Mouth, newspaper, Yellow Pages, other.

What skills and/or experience would you like to bring to your Volunteering Work?

(I.e. previous work or volunteering experience, hobbies, interests, etc. This information can help us link our clients' need and requirements to our volunteers.)

Do you have any illnesses or health issues we need to know about? (This is important so that we can ensure any issues are taken into account in your Volunteering work.)

Please place a cross (x) in the days/ times are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many total hours per week would you like to contribute? _____

Tick the areas of Volunteering in which you are interested:

- | | | |
|---|---|--|
| <input type="checkbox"/> Transport | <input type="checkbox"/> Shopping assistance | <input type="checkbox"/> Working Bees |
| <input type="checkbox"/> OzHarvest | <input type="checkbox"/> Friendship visiting | <input type="checkbox"/> Maintenance tasks |
| <input type="checkbox"/> SuperGrands | <input type="checkbox"/> Supporting families | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Working with Children |
| <input type="checkbox"/> Community Meals | <input type="checkbox"/> Seniors Group activities | |

Comments

Please provide the name and telephone number (for contact during business hours) of two referees who are not related to you.

Name	Telephone

Volunteer release statement

- I understand and accept the code of confidentiality as a volunteer of Communities@Work and agree to attend volunteer training
- In the event of a personal insurance claim against Communities@Work, I agree not to take any action which is greater than the extent to which Communities@Work is insured.
- I agree that it is my responsibility to ensure that my personal vehicle is adequately insured for use as a volunteer for Communities@Work.

Applicant's Signature		Date	/ /
------------------------------	--	-------------	-----

Please return this Volunteers Application Form to –

By post –
Volunteer Coordinator
Chrissy English
Communities @ Work
P. O. Box 1066
TUGGERANONG ACT 2901

In person
Volunteer Coordinator, Communities @
Work
Tuggeranong Community Centre
Cowlishaw St Tuggeranong or
Weston Creek Community Centre
Brierly St Weston

Please do not hesitate to contact the Volunteer Coordinator Chrissy English on 6287 2322 if you have any questions.

Office use only

- Tracking Sheet completed Referees checked Police check processed File created Database updated

Coordinator's signature **Dated**
