

Holdsworth St. Community Centre Volunteer Application

Thank you for applying to be a volunteer at Holdsworth Street Community Centre.

Please give us as much information as possible on this form, as we can then find out more about you and your interests to help place you in a volunteer position that you will find rewarding and satisfying.

If you would like any assistance with filling out this form please contact the Volunteer & Training Coordinator on 9302-3600.

FAMILY NAME **GIVEN NAME(S)**

DATE OF BIRTH **GENDER** Male / Female

ADDRESS **POSTCODE**

PHONE (Home)..... **(Other)**..... **EMAIL**

PREFERRED METHOD OF CONTACT: PHONE or EMAIL (please tick one)

Please tick any of the following times that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours a week would you like to volunteer? 1-2 3-6 7-10 11-16

Would you be interested in once-off volunteer experiences? Yes No

Would you be available at short notice? Yes No Sometimes

Do you have the use of a car? Yes No Sometimes

Do you have you any health limitations, disabilities or medical conditions that may affect the type of work you do as a volunteer or that might require treatment? (Please give details)

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CONTACTS IN CASE OF EMERGENCY:

1. Name..... Contact phone 1)
Relationship..... Contact phone 2)

2. Name..... Contact phone 1)
Relationship..... Contact phone 2)

Do you have a resume you can attach? Yes No (If yes, please attach)

Level of English spoken: Fluent Good Satisfactory Need assistance

Other languages spoken.....

What skills, qualities and attributes do you have?

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What do you enjoy doing in your spare time?

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Are you currently a (please tick any appropriate): Student Household Manager
Employed full-time Employed part-time Looking for paid work Not working

How did you hear about the Centre?

Have you volunteered before? If yes, what duties did you perform? (Please describe)

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Please tick any of the following client groups that you may be interested in working with:

Aged Children 0-5 Adult Disability Children Disability Carers

Please tick any of the following types of roles that you may be interested in:

Outings Recreational activities Social activities Home visiting

Do you prefer to work with: Groups One-on-one Either

REFEREES (Not Family)

1. Name..... Relationship..... Phone

2. Name..... Relationship..... Phone

I agree to abide by the Centre's Volunteer Policies and Procedures, Code of Conduct and Confidentiality Policy

Signature:.....Date:.....

I.D. Check (this will be done at the time of your interview) Please show one form of photo identification to the interviewer (eg: driver's license or passport).

Item:..... Sighted: Yes No Signed (interviewer).....