



VOLUNTEER APPLICATION FORM

Date : _____

Name : _____ Surname: _____

Address: _____

Postcode: _____ Date of Birth: _____

Contact Numbers:

Phone: _____ Mobile: _____

Fax: _____ Email: _____

In the event of an emergency please nominate a contact person.

Name: _____ Relationship to you : _____

Contact Number (H) _____ (W) _____

Have you been involved with Able Australia before? Yes No

If yes, in what capacity ? _____

Please indicate which areas you are interested in volunteering in:

❖ Recreation activities with clients _____

❖ Workshops i.e. art/ music therapy _____

❖ Friendly Home Visiting _____

❖ Events _____

❖ Administration and fundraising _____

❖ Auslan skills If yes please specify your level of experience

❖ Transport :

- ◆ driving a bus or other Able Australia vehicle
- ◆ assisting with public transport or taxis
- ◆ own car

Other unspecified areas you would like to volunteer in:

Do you have a current driver's license? Yes No

Would you be willing to use your car during Volunteer work?

Yes

No

If yes, what type of car insurance do you have? *You will be reimbursed for petrol / travel.*

Third party Full Comprehensive

How frequently are you prepared to volunteer?

Weekly Fortnightly Monthly Emergency

Times Available:

	Starting time	Finishing Time	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Mandatory Police Checks

All potential Volunteers must sign a "Consent to Release Criminal Record Form". This form will be made available at your interview and will be processed before commencing your volunteer placement. If you have had a police check in the past 6 months please attach a copy if possible.

Please return this application form with a copy of your resume and the contact details of 2 referees to:

Emely McCord
PO Box 1213, Camberwell 3124
or phone 1300 225 369 for more information