**Volunteer Support Worker Application Form**

Name ………………………………………………………………. DOB ………………………

Preferred pronouns……………………………………………………………………………………………

Address …………………………………………………………………………………………….

Phone ………………………… Mobile …………………. Email ………………………………

Employment History/Work Experience

Do you have any qualifications/certificates? (Including WWC and Police)

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Any Second Language?

**Skills/experience (tick all that apply)**

* Understanding of/experience of issues for Aboriginal/Torres Straight Islander individuals and communities.
* Understanding of/experience of issues for Culturally and Linguistically Diverse (CALD) individuals and communities
* Working with vulnerable people
* Working with Children
* Health
* Community Development
* Communications/Marketing
* Facilitating workshops
* Governance
* Grant writing
* Gardening
* Administration/reception
* General maintenance
* Events/stalls
* WHS
* Data/data interpretation
* Arts/creative industries
* Aged care or disability services
* Education

🞏 Other:

………………………………………………………………………………………………………………………………………………………………………………………………………………

What are your talents, hobbies, areas of particular interest?

Would you be willing to take part in training programs organised by this Centre? Yes/No

What times are you available to do voluntary work? (NB: Administration volunteers are required to work from 9-3)

Half day per week ………………. Half day per fortnight …………….

Full day per week ................... Full day per fortnight ...............

Other…………………………………………………………………………………………………………………….

Which days and times are you available?

Mon ………. Tues ………. Wed ………. Thurs ……….

Morning ……………. Afternoon ………………. Full day…………………………

What activities would you like to be involved with?

|  |  |  |
| --- | --- | --- |
| 🞏 Gardening | 🞏Administration/reception | 🞏 Facilitating workshops |
| 🞏 Governance | 🞏 Grant writing | 🞏 Groups |
| 🞏 General maintenance | 🞏 Promotion/media | 🞏 Events/stalls |
| 🞏 Cooking | 🞏 Other:……………….. | 🞏 Program related |

I declare that I am fit to do these activities X……………………………………………………………….

Do you have any health problems that we need to be aware of?

What do you feel you can contribute?

What do you hope to gain from working at this Centre?

Are you fulfilling a Centrelink obligation? 🞏YES 🞏NO

How many hours do you require?...................................

Can you provide two referees?

1..

2.

Signature ………………………………… Date ……………………..