



Interview Date/...../.....
Face to Face / Phone/email
File No

76 Carrington Street P.O. Box 525 Lismore NSW 2480 Phone: (02) 6621 7397 or Fax: (02) 6622 0235
 Email: vnr@lnci.org.au

VOLUNTARY WORK APPLICATION FORM

First Name _____	Family Name _____
Contact Phone _____	Mobile _____
Date of Birth ____/____/____	Age Group (please circle)
(Optional)	17 & Under 35 – 44 65 & over
	18 – 24 45 – 54
Male <input type="checkbox"/> Female <input type="checkbox"/>	25 – 34 55 - 64
Are you an Aboriginal or Torres Strait Islander?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you from a Non-English speaking background?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Origin _____	Language(s) spoken _____
Do you receive a disability support pension?	Yes <input type="checkbox"/> No <input type="checkbox"/>

MAILING ADDRESS

Address _____
Location _____ Postcode _____

ARE YOU CURRENTLY CONNECTED WITH CENTRELINK IN ANY WAY? (Please indicate below)

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes what allowance/pension do you receive? _____

HOW DID YOU HEAR ABOUT US?

Been Before... .. <input type="checkbox"/>	Media..... <input type="checkbox"/>	Word of Mouth..... <input type="checkbox"/>
Centrelink..... <input type="checkbox"/>	Job Network Provider.... <input type="checkbox"/>	Brochure..... <input type="checkbox"/>
Internet..... <input type="checkbox"/>	Other..... <input type="checkbox"/>	

TRANSPORT

Do you have your own car?..... Yes No

Is your vehicle comprehensively insured?..... Yes No

Type of Licence

Car..... Truck..... Bus.....

Please answer the following questions.

POST SCHOOL TRAINING (courses, diplomas etc) _____

WORK RELATED SKILLS _____

HOBBIES _____

HAVE YOU WORKED AS A VOLUNTEER BEFORE? (If so please give details)

WHY DO YOU WANT TO BE A VOLUNTEER NOW AND WHAT DO YOU HOPE TO GAIN FROM IT?

DO YOU HAVE ANY HEALTH MATTERS (medication etc) WHICH WE SHOULD BE AWARE OF?

NAME OF REFEREE (Not a family member if possible) _____

CONTACT PHONE _____

WHAT TYPE OF VOLUNTEER WORK WOULD YOU PREFER?

(Number 1 – 3 in order of preference)

Clerical / Administration..... <input type="checkbox"/>	Working with the elderly..... <input type="checkbox"/>
Working with children..... <input type="checkbox"/>	Working with people with disabilities..... <input type="checkbox"/>
Working with animals..... <input type="checkbox"/>	Retail..... <input type="checkbox"/>
Outdoor – Gardening etc..... <input type="checkbox"/>	Driving..... <input type="checkbox"/>
Visiting Schemes..... <input type="checkbox"/>	Handyperson <input type="checkbox"/>
Hospitality <input type="checkbox"/>	IT..... <input type="checkbox"/>
Arts/Culture/Heritage..... <input type="checkbox"/>	Other <input type="checkbox"/>

PREFERRED LOCALITY – Geographical area? _____

I agree to these details being forwarded to the agency of my choice

APPLICANTS SIGNATURE _____ DATE _____

VOLUNTEERING NORTHERN RIVERS

ACKNOWLEDGEMENT OF TERMS FOR VOLUNTARY WORK

- I choose to undertake voluntary work through Volunteering Northern Rivers and acknowledge that as a volunteer I will be referred to an organisation of my choice by the Volunteering Northern Rivers Coordinator / Worker.
- I acknowledge that the organisation to which I am referred may require a police check.
- I acknowledge that if for any reason I use my own vehicle in the course of volunteer work I shall have no entitlement to claim running expenses, maintenance or loss or damage what so ever from Volunteering Northern Rivers.
- I understand that volunteer organisations are independent organisations responsible for their own actions and are not agents of Volunteering Northern Rivers. Whilst volunteer organisations have represented to Volunteering Northern Rivers that they have appropriate volunteer insurance Volunteering Northern Rivers cannot warrant this, and recommend that I substantiate this with the volunteer organisation before accepting a volunteer position.

I have read and understand the terms hereof and agree by the terms.

PRINT NAME _____

SIGNATURE _____

WITNESSED _____ DATE _____

OFFICE USE ONLY

Interviewed by _____ Date _____

Face to face interview / phone only / email support

Jobs interested in _____

OFFICE USE ONLY REFERRALS

VOLUNTEER POSITION	ORGANISATION & ADDRESS	PHONE	CONTACT NAME

COMMENTS _____
