



APPLICATION FOR A VOLUNTEER POSITION

Title: Mr / Mrs / Ms / Miss / Other: _____					
Given Name(s)					
Family Name					
Preferred Name					
Address					
					Postcode
Daytime phone			Mobile phone		
Email address					
<p>What experiences, skills and talents do you have to offer? These may be gained through previous training, employment, volunteer work or hobbies.</p>					
Which languages do you speak?					
Do you have your own transport?				Yes <input type="radio"/> No <input type="radio"/>	
What type of volunteer work would you like to do? (please tick)	<input type="radio"/> Child Care Centre <input type="radio"/> Playbus <input type="radio"/> Administrative support <input type="radio"/> Maintenance <input type="radio"/> Other _____				
What is your availability? (please circle)	Mon	Tue	Wed	Thu	Fri
	Morning Afternoon	Morning Afternoon	Morning Afternoon	Morning Afternoon	Morning Afternoon

How much time can you give?	Weekly _____ hours or Monthly _____ hours
Do you have a Blue Card for Working with Children in Queensland? If you do not already hold a Blue Card we can facilitate the application process for you however there will be a delay before you are allowed to start volunteering.	Yes <input type="radio"/> No <input type="radio"/>
Why do you wish to work for our service?	
Where did you hear about us?	
Health and Safety: Do you have any medical, injury or health issues that may affect your safety or performance? If so, please provide a brief description of the issue and how it can be appropriately managed. Please note, disclosing a health concern will not preclude you from a volunteer opportunity.	
Contact person, in case of emergency: Name: Relationship:	Contact Numbers

Please provide the names and phone numbers of two referees that we are able to contact:

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

I agree to any criminal history checks, including but not limited to Blue Card, Yellow Card and/or police certificate that may be required for the position being conducted. I agree that the information on this form may be supplied to the service providers in the program area in which I will be working. I declare that the information contained in this application is true and correct.	
Signed	Date