



# ALDINGA COMMUNITY CENTRE

## VOLUNTEER APPLICATION

1. Applicants Details:

<b>Application Date</b>	
<b>Volunteer Position Sought</b>	
<b>Name</b>	
<b>Home Address</b>	
<b>Home Phone</b>	
<b>Mobile Phone</b>	
<b>Email Address</b>	

2. Emergency Contact 1:

<b>Name</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Relationship</b>	

3. Emergency Contact 2:

<b>Name</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Relationship</b>	

4. Previous Volunteer Experience:

<b>Position</b>	
<b>Organisation</b>	
<b>Duties</b>	
<b>Period of Time</b>	

<b>Position</b>	
<b>Organisation</b>	
<b>Duties</b>	
<b>Period of Time</b>	

5. Previous Employment: (Please provide resume if you have one)

<b>Position</b>	
<b>Organisation</b>	
<b>Duties</b>	
<b>Period of Time</b>	

<b>Position</b>	
<b>Organisation</b>	
<b>Duties</b>	
<b>Period of Time</b>	

6. Experience relevant to Position:

Please provide us with any additional information regarding skills, experience and knowledge that you believe is important to your application.


7. Are you currently:

- Full Time Employed  Part Time Employed  Casual Employed  Disability Pension  
 Pension  Centrelink Benefit

If you are receiving a benefit are you applying for volunteer work to meet an obligation to Centrelink?

- Yes  No

If yes what obligation do you have?  Volunteer Work  Work for the Dole

How many hours are you required to undertake per week to meet your obligation? \_\_\_\_\_

8. Availability:

What days and times are you available to volunteer?

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

- AM  PM  All Day  Evenings

Additional Comments:


9. Drivers License:

Do you have a Driver License:  Yes  No

State: \_\_\_\_\_ License Number: \_\_\_\_\_

Do you have comprehensive Insurance for your vehicle?  Yes  No

Company: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

10. Health:

Do you have any health conditions we should know about such as;  
(We seek this information to ensure we provide you with a safe work place and can respond appropriately should you have a medical emergency whilst volunteering)

Condition	Yes	No
Diabetes		
Heart Condition		
Epilepsy		
Back Injury		
Skeletal Injury		
Migraines		
Other (Please state)		

Do you take any medications that we should be aware of to ensure your wellbeing whilst volunteering or that will affect your capacity to operate equipment or machinery?

Yes  No

If so this will be discussed with you at interview.

*You are prescribed medication that has the potential to affect your capacity to operate machinery or equipment whilst volunteering you are required to report this to the Community Development Officer to allow an assessment of appropriate duties.*

11. Criminal Offences

You will be required to undergo a National Police Check to volunteer are you willing to undergo this process?

Yes  No

If you have ticked no then we will not be able to proceed with your application.

You will be required to undergo a Working with Children check if your position exposes you to working with children, are you willing to undergo a Working with Children Check.

Yes  No

If you have ticked no then you will not be able to work in areas where you have direct contact with children.

12. References:

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

13. Is there any other information you wish to provide us with?


14. Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Aldinga Community Centre that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Aldinga Community Centre. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Aldinga Community Centre or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_