



ID Number: _____

Contact & Background Details

Date: _____

Title: _____ Given Name: _____ Surname: _____

Email address: _____ Male Female

Date of Birth: _____ Current Age: _____

Residential Address: _____

State: _____ Postcode: _____

Phone: [][][][]-[][][]-[][][]

Have you volunteered before? (Please circle) Yes No

Have you received a Volunteer Information Sheet? Yes No

Do you have access to transport? (Please circle) Public transport Own car

Your Experience, Skills & Abilities

What is your previous work experience (and what are your key skills?). _____

What skills would you like to develop? _____

Any work you can't do? _____

Do you have (or are you willing to get) any of the following licences or certificates (Please tick the options that apply).

[] Driver's Licence (C) (F) (HR) (LR) (MR) [] Traffic Check [] Medical Check

[] National Police Certificate [] Working with Children

Are you available (on call or by appointment) for: (Please circle) Special Events? Yes No Emergency Response? Yes No

Statistical Data: The following information is requested for statistical purposes.

How did you find out about us? _____

What is your country of birth? _____

Are you from a Cultural and Linguistic Diverse background? (Please circle) Yes No

Are you an Indigenous Australian? (Please circle) Yes No

Do you have a disability? (Please circle) Yes No

Physical [] Intellectual [] Sensory/Speech []

Do you have a chronic illness? (Please circle) Yes No

Do you have a mental health illness? (Please circle) Yes No

Are you a low-income earner? (Please circle) Yes No

What is your current work status? (Please circle) Employee: - Casual [] Part time [] Fulltime []

- Retired; Self Employed; Student; Home Duties
Unemployed Registered; Unemployed; Job Seeker ; Visitor

What is your work history? (Please circle) * Business * Commercial * Professional
* Trade * Labour * Other

Centrelink Details <input type="checkbox"/> Aged Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Allowance <input type="checkbox"/> CDEP Payment <input type="checkbox"/> Disability Pension <input type="checkbox"/> Mature Age Allowance <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Allowance <input type="checkbox"/> Service Pension <input type="checkbox"/> Sickness Benefit <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Other <input type="checkbox"/> N/A	Are you volunteering as part of a Centrelink Obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Job Active are you registered with? _____ _____ _____
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In what areas would you like to volunteer? <i>(Please tick the options that MOST interest you).</i> <input type="checkbox"/> Australian Indigenous or Migrant Service <input type="checkbox"/> Animal Welfare <input type="checkbox"/> Arts, Culture & Heritage <input type="checkbox"/> Community Service <input type="checkbox"/> Disability Services <input type="checkbox"/> Education, Mentoring & Training <input type="checkbox"/> Emergency Response & Disaster Relief <input type="checkbox"/> Environment/Conservation <input type="checkbox"/> Health & Human Rights <input type="checkbox"/> Homelessness <input type="checkbox"/> Recreation & Sport <input type="checkbox"/> Seniors & Aged Care <input type="checkbox"/> Young People & Families
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Thank you for completing this form. We may contact you in the next few months to seek your opinion of the standard of service you have received from us and our member agencies during this referral process.

I authorise Peel Volunteer Resource Centre to release information to member organisations and or funding bodies in order to obtain a volunteer position and give consent to my details being entered into their database to be used for volunteering related purposes. See your information sheet for the full disclosure statement.

Please sign: _____

Date: _____

Date	Organisation	Position	Consult Type T, E, F	Outcome

Notes: _____

Referring Officer: _____