



ID Number: \_\_\_\_\_

Contact & Background Details

Date: \_\_\_\_\_

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_
Email address: \_\_\_\_\_ Male Female X
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? \_\_\_\_\_

What is the main language spoken at home? \_\_\_\_\_

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 or barrier? (Please circle) Yes No

Physical/Diverse [ ] Intellectual learning [ ] Sensory/Speech [ ] Psychiatric [ ] Not Stated [ ]

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

<p><b>Centrelink Details</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Aged Pension</li> <li><input type="checkbox"/> Austudy</li> <li><input type="checkbox"/> Carer Allowance</li> <li><input type="checkbox"/> CDEP Payment</li> <li><input type="checkbox"/> Disability Pension</li> <li><input type="checkbox"/> Mature Age Allowance</li> <li><input type="checkbox"/> Newstart Allowance</li> <li><input type="checkbox"/> Parenting Allowance</li> <li><input type="checkbox"/> Service Pension</li> <li><input type="checkbox"/> Sickness Benefit</li> <li><input type="checkbox"/> Youth Allowance</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> N/A</li> </ul>	<p><b>Are you volunteering as part of a Centrelink Obligation?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p><b>Which Job Active are you registered with?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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**In what areas would you like to volunteer?**  
*(Please tick the options that MOST interest you).*

- Australian Indigenous or Migrant Service
- Animal Welfare
- Arts, Culture & Heritage
- Community Service
- Disability Services
- Education, Mentoring & Training
- Emergency Response & Disaster Relief
- Environment/Conservation
- Health & Human Rights
- Homelessness
- Recreation & Sport
- Seniors & Aged Care
- Young People & Families

**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:** \_\_\_\_\_