# **Volunteer Application Form**

*Zoe Support Australia values the contributions of its volunteers.*

|  |  |
| --- | --- |
| **Title** | **Dr Mr Mrs Ms Miss**  |
| **Surname**  |  |
| **First Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Contact Details**  | **Mobile:** |
| **Work:** |
| **Home:** |
| **Email:**  |
| **Emergency Contact Details** | **Contact Name:** |
| **Best Contact Number:** |

**How did you become aware of the work of Zoe Support Australia?**

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**Do you have any previous work experience, which may be relevant?**

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## **Please list any training or qualifications you have.**

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## **Tell us about your interests and hobbies.**

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## **What is your reason for looking for voluntary work?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## **Please tick any of the areas noted below, in which you would be willing to assist.**

|  |  |
| --- | --- |
| **Area** |  **Tick** |
| Counselling  |  |
| Practical Help |  |
| Transportation |  |
| Program delivery |  |
| Mentoring  |  |

## **How much time do you have available to volunteer?**

Hours per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which days are you available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can you please provide 2 referees.**

|  |  |
| --- | --- |
| Contact Details  | Name: |
| Mobile: |
| Email: |
| Relationship to Volunteer: |

|  |  |
| --- | --- |
| Contact Details  | Name: |
| Mobile: |
| Email: |
| Relationship to Volunteer: |

**For your own safety and those who would be working with you, please list below any health restrictions Zoe Support Australia would need to be aware of. *Such as back injury, which would limit load bearing.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If a position became available within Zoe how soon could you start?**

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Thank you for providing this information which will be kept in the strictest confidence at Zoe.

**Please Note**: *Due to the sensitivity of the services provided by Zoe all applications are carefully considered and submitted to the Management Team, this may result in an extended period of time before you hear from the coordinator.*

APPPLICANTS CONFIRMATION OF INFORMATION FOR CONFIDENTIAL USE

As an applicant to volunteer with Zoe Support Australia, I certify that the above information is true and accurate.

……………………………………………………………………. …………/………/ 20……….

 Signed by Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only**

Application received on …………/…………/…………

Application reviewed by ………………………………………………………………………..….. (name)

References checked by ……………………………………………………………………………. (name)

Notes / comments ………………………………………………………………………………………………………………………………….

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Volunteer contacted to commence duties in the following areas;

 ………………………………………………………………………………………………………………………………..

 …………………………………………………………………………………………………………………………………

Forms to be supplied by Volunteer

|  |  |  |
| --- | --- | --- |
| **Forms required** | **Received** | **Added to client file / data base** |
| Police Check |  |  |
| Working With Children |  |  |
| Copy of Driver’s licence |  |  |