



## VOLUNTEER APPLICATION FORM

*Please complete this form. If you are not sure of any questions please ask.*

### Personal Information

<b>Family name:</b>	
<b>First name:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Home Phone:</b>	
<b>Mobile:</b>	
<b>E-mail Address:</b>	
<b>Emergency Contact Details: (Name and Contact number)</b>	

Have you had a previous experience as a volunteer? *(Please circle)*      Yes      No

If yes, please list organisations and type of work:

Organisations Previously/Currently worked for	Type of work	Date/s

Tell us in which areas you are interested in volunteering (you may *tick more than one box*).

- Administration and customer service
  - Assisting in activities and events involving adults
  - Assisting in activities and events involving children
  - Activities assistants- gardening, art therapy, social support, community events.
  - Teaching and facilitating activities
  - Update Resources
  - Home Visiting for SydWest Multicultural Services Social Support
  - Newsletter production
  - Working with Youth (12 to 24 year olds)
  - School Holiday Programs
  - Driver Mentoring program
  - Pop Up Supermarket
- Other: \_\_\_\_\_

**Other Information:**

Do you speak languages other than English? Yes/No (If yes, please specify)

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*(Please circle)*

Do you hold a valid driver's licence?                      Yes                      No

Do you have access to a car?                                      Yes                                      No

*According to SydWest MS Policies and Procedures it is a requirement for all volunteers to hold a cleared and verified Working with Children Check (depending on the volunteering position) and be willing to apply for a new Police Check before commencement.*

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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What new skills/knowledge are you expecting to develop?

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## Availability

Please circle your available days and provide what times.

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**Please give at least two Referees**

Name	
Organisation	
Position	
Address	
Postcode	
Phone	
E-Mail Address	
Relationship to you	

Name	
Organisation	
Position	
Address	
Postcode	
Phone	
E-Mail Address	
Relationship to you	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed):	
Signature:	
Date:	

Please send this completed form to [info@sydwestms.org.au](mailto:info@sydwestms.org.au) or hand to reception.

Thank you for completing this application form and for your interest in volunteering with us.

**TO BE COMPLETED BY THE HR OFFICER ONLY**

Agree/Disagree to engage as a volunteer    Yes    /    No

Name of Worker volunteer will be assigned to: \_\_\_\_\_

Application passed onto: \_\_\_\_\_

Date application received: \_\_\_\_\_