

Neighbourhood Buddies

Volunteer Application Form

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

Personal Information

Family name:	
First name:	
Preferred name:	
Address:	
Post Code:	
Home Phone:	
Mobile:	
E-mail Address:	
Emergency Contact Details: (Name and Contact number)	
Drivers Licence Number:	

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

If yes, please list organisations and type of work:

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

Other Information:

Do you speak languages other than English?

No

Yes (If yes, please specify)

(Please tick)

Do you hold a valid driver's licence?

Yes

No

Do you have access to a car?

Yes

No

According to SydWest Multicultural Services 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.

What new skills/knowledge are you expecting to develop?

Availability

Please circle your available days and provide what times.

Weekly or Fortnightly _____

Day	Preferred Time	
	Morning	Afternoon
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	
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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 Rere Akeruara itirere.akeruara@sydwestms.org.au

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: _____