



Volunteer Application Form

Thank you for your interest in volunteering!

By providing us with the following information you will help us identify a position that suits your interest, skills, experience, location and availability.

Contact & Background Details

Title _____ Name _____ Surname _____

Residential Address _____

Town _____ State _____ Postcode _____

Phone (Preferred) _____ Phone (Secondary) _____

Email _____ Date of Birth _____

Job Title _____ Company _____

Have you volunteered before? Yes No

Would you like to receive emails regarding future volunteer opportunities? Yes No

Do you have access to transport? Yes No

Your Experience, Skills & Abilities

What is your previous work experience (list key skills) _____

Skills you would like to develop _____

Hobbies and activities you enjoy _____

Is there any work you are unable to do? _____

Do you have (or willing to get) any of the following licenses / certificates?

C Class Licence LR Class Licence MR Class Licence HR Class Licence

Working with Children National Police Clearance

Can you do heavy lifting? Yes No

Do you identify as having a disability? Yes Intellectual learning Psychiatric Sensory /Speech

No Physical /Diverse Mental Health Other _____

Available for: General volunteering Helping Hands Special Events Emergency Response

Some volunteer roles may require proof of up to date Covid-19 vaccination.

Covid-19 Vaccination Status: Up to date Not up to date Willing to get booster

Statistical Data

How did you hear about us? _____

What is your country of birth? _____

Do you identify as (please circle) Aboriginal Torres Strait Islander Both Neither

Are you from a non-English speaking background? Yes No

What is your current work status? Full time Part time Retired Unemployed

What is your current work history? Business Commercial Professional
Trade Labour Other _____

Are you volunteering as part of a Centrelink obligation? Yes No

Availability (Please tick availability)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Public Holidays
Morning								
Afternoon								
Evening								

Your volunteer interestsWhat type of *activities* would you like to do in your volunteer work?

Accounting & Finance	Marketing, Media & Communications
Administration & Office Management	Mediation & Advocacy
Arts, Craft & Photography	Music & Entertainment
Childcare	Research, Policy & Analysis
Companionship & Social Support	Retail & Sales
Disability Support	Safety & Emergency Services
Education & Training	Seniors & Aged Care
Food Preparation	Sport & Physical Activity
Fundraiser & Events	Tour Guides, information & Heritage
Garden Maintenance	Trades & Maintenance
Governance, Boards & Committees	Translation & Interpreting
IT & Web Development	Tutoring & Coaching
Library Services	Working with Animals

Volunteer Service FocusWhat *causes* would you like to support?

Animal Welfare	Homeless
Arts & Culture	Human Rights
Community Services	Indigenous Australians
Disability Service	Mentoring & Advocacy
Disaster Relief	Migrant Services
Drug & Alcohol Services	Museums & Heritage
Education & Training	Recreation
Emergency Response	Seniors & Aged Care
Environment & Conservation	Sport
Family Services	Veteran Services
Health	Young People

Any further notes _____

I authorise the Albany and Regional Volunteer Services to release my information to member organisations in order to obtain a volunteer position, and give consent to my details being entered into database/s to be used for statistics and volunteering related purposes.

Signed: _____ Date _____