

# Armidale Volunteer Referral Service — Volunteer Application Form

Date of Interview: .....

Interviewer: .....

Volunteer ID No.: .....

**Title:** ..... **Given Name:** ..... **Family Name:** .....

**Date of birth:** ...../...../..... **Country of birth:** .....  **Male**  **Female**

**Postal Address:** ..... **Town:** ..... **P/code:** .....

**Phone Numbers:** (home) ..... (work) ..... (Mobile) .....

**Email Address:** *(please print clearly)* .....

**Driver's Licence:**  **car**  **bus**  **truck**  **rider**  **none**

**Do you have your own transport?** *(please circle)* YES NO

**Areas of interest:** Please ✓ the activities you would be willing to do.

<input type="checkbox"/> Administration	<input type="checkbox"/> Committee Work	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Refugees
<input type="checkbox"/> Aged Care	<input type="checkbox"/> Computer Usage	<input type="checkbox"/> Gardening	
<input type="checkbox"/> Animal Care	<input type="checkbox"/> Cultural	<input type="checkbox"/> Handyperson	
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Disabled Care	<input type="checkbox"/> Tourism	
<input type="checkbox"/> Financial Bookkeeping	<input type="checkbox"/> Driving/Transport	<input type="checkbox"/> Tutoring	
<input type="checkbox"/> Cash Handling	<input type="checkbox"/> Environment	<input type="checkbox"/> Sports/Games	
<input type="checkbox"/> Child Care	<input type="checkbox"/> Food Service/Hospitality	<input type="checkbox"/> Youth Involvement	

**Skills/Abilities:** .....

**Working experience:** .....

**Restrictions:** .....

**Interests/Hobbies:** .....

**Availability:**  Negotiable  On the following days & times only: .....

**Location Preferred:** Armidale (in town)  Armidale Area  Uralla  Guyra  Walcha

**Motivation for seeking voluntary work:** Please ✓ those appropriate

<input type="checkbox"/> acquire/maintain skills	<input type="checkbox"/> improve self confidence	<input type="checkbox"/> work experience
<input type="checkbox"/> community involvement	<input type="checkbox"/> meet people	<input type="checkbox"/> other <i>(please state)</i> .....
<input type="checkbox"/> help others	<input type="checkbox"/> personal satisfaction	

**Working status:** *(please circle)* employed unemployed home duties retired student

If you are receiving a Centrelink Benefit please state which kind: .....

I am registered with ..... Employment Service.

I, ..... give permission for: *(please circle 'yes' or 'no')*

- the above information to be passed on to organisations registered with the Armidale Volunteer Referral Service: YES NO
- my statistical details to be passed on to Volunteering Australia/Department of Education and Training for participation in service satisfaction surveys as required: YES NO
- a Police Check to be done if required by an organisation: YES NO I have Working With Children Check No. ....
- I have a First Aid Certificate issued by.....dated: ..... YES NO

**Signature:** ..... **Date:** .....

**How did you hear about the Armidale Volunteer Referral Service (AVRS)?** **(please circle)**

from a friend Centrelink radio advertisement newspaper article Internet

a pamphlet/poster around town Job Network Office other: *(please state)* .....

**Are you of Aboriginal, Torres Strait Islander, or Cultural And Linguistically Diverse (CALD) background?** **(please circle)**

YES *(please circle which)* Aboriginal Torres Strait Islander C.A.L.D.

NO

<u>Referral Date</u>	<u>Org ID No.</u>	<u>Organisation Name + PS details</u>