

Volunteer Application Form

Date of Interview: Volunteer ID No.:

Title: Given Name	:	Family Name:		
Date of birth://	Country of birth:	[] Male	[] Female	
Postal Address:	Town:	P/co	de:	
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.			
[] Administration	[] Committee Work	[] Fundraising	[] Refugees	
[] Aged Care	[] Computer Usage	[] Gardening		
[] Animal Care	[] Cultural	[] Handyperson		
[] Arts & Crafts	[] Disabled Care	[] Tourism		
[] Financial Bookkeeping	[] Driving/Transport	[] Tutoring		
[] Cash Handling	[] Environment	[] Sports/Games		
[] Child Care	[] Food Service/Hospitality	[] Youth Involvement		
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Restrictions:				
Interests/Hobbies:				
Availability: [] Negotiable	[] On the following days & times only	<i>/</i> :		
Location Preferred: Armidale (in	n town) [] Armidale Area []	Uralla [] Guyra []	Walcha []	
Motivation for seeking voluntary work: Please ✓ those appropriate				
[] acquire/maintain skills] work experience		
[] community involvement				
[] help others	[] personal satisfaction	, , , , , , , , , , , , , , , , , , , ,		
Working status: (please circle)		home duties retired stude	ent	
, ,				
l	efit please state which kind:			
r am registered with		Employment Service.		
l,		: (please circle 'yes' or 'no')		
	e to release information to member organisation	·	give consent to my details	
ŭ	d for volunteering related purposes.: YES No e stored in the Data Exchange (see DSS's priva			
 consent to participate in follow up reseal 				
 consent for a Police Check to be done if 	required by an organisation: YES NO I h	nave Working With Children Check No		
Signature:		Date:		
How did you hear about the Armidale Volunteer Referral Service (AVRS)? (please circle)				
from a friend Centrelink	•	s)? (please circle) uper article Internet		
a pamphlet/poster around town		please state)		
Are you of Aboriginal, Torres Strait Islander, or Cultural And Linguistically Diverse (CALD) background? YES NO				
	es Strait Islander C.A.L.D.			
Language spoken at home:				

Referral Date	Org ID No.	Organisation Name + PS details