

Volunteer Application



Personal Details

Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other:	
Legal First Name							
First Name							
Middle Name (s)							
Preferred Name							
Surname							
Address							
Suburb				State			Postcode
Email Address							
Telephone Numbers	Home				Mobile		
Date of birth			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-disclosed			

Additional information about you

Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you identify as a person with disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to undergo a criminal history check? (at no cost to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you accessed any of our services in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If, yes please tell us which service		
Are you part of the Centrelink Mutual Agreement Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you speak a language other than English? please state		
In which country where you born?		
Have you lived overseas for more than 12 months in the last 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently hold a Victorian Working with Children's Check?	<input type="checkbox"/> Yes <i>(attach a copy)</i>	<input type="checkbox"/> No
If, yes please provide your registration number	Expiry date	
Why would you like to volunteer with Uniting?		

Please attach your current resume if you have one.

What days are you available

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long would you like to volunteer for?	<input type="checkbox"/> Once <input type="checkbox"/> 1 – 3 months <input type="checkbox"/> 3- 6 months <input type="checkbox"/> 6 months +						
How often would you like to volunteer?	<input type="checkbox"/> Daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every now and then						
Are you applying for a specific volunteer role?							

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What type of volunteer opportunities interest you?

<input type="checkbox"/> Administration	<input type="checkbox"/> Community Meals	<input type="checkbox"/> Emergency Relief	<input type="checkbox"/> Christmas giving program
<input type="checkbox"/> Events & Fundraising	<input type="checkbox"/> Social Support	<input type="checkbox"/> Teaching or Tutoring	<input type="checkbox"/> Employment Services
<input type="checkbox"/> Transport & Driving	<input type="checkbox"/> Retail & Hospitality	<input type="checkbox"/> Family Services	<input type="checkbox"/> Community Development
<input type="checkbox"/> Early Learning	<input type="checkbox"/> Asylum Seeker Services	<input type="checkbox"/> Corporate Services	
<input type="checkbox"/> Gardening	<input type="checkbox"/> Financial Inclusion	<input type="checkbox"/> other	

Tell us where you would like to volunteer? (locations)

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Medical Information

Emergency Contacts

Please provide details of at least two people we can contact in the unlikely event of emergency

Name		
Telephone		
Relationship to you		

Pre-existing conditions

Do you have any medical/physical conditions or injury that may affect your ability to carry out the requirements of the position you have applied for?

Yes

No

If, yes please provide basic details

Referee Information

Please provide details of at least two people we can contact who can comment on your skills, performance and achievements.

Name		
Relationship		
Telephone		
Email		

Declaration of applicant

I acknowledge that volunteering with Uniting is subject to the following pre-commencement safety screening checks, national and international Police Records Checks, Working with Children checks and Reference Checks.

I understand that reference checks will be conducted with the referees I have identified above and I agree to information about me being provided to Uniting from them in relation to my application.

Name	
Signature	Date

Thank you for your interest in volunteering with Uniting (Victoria and Tasmania).

Please return Volunteer application forms to:

Volunteer Applications

PO Box 3217

Broadmeadows VIC 3047

e: BUC.Volunteers@vt.uniting.org

t: (03) 9351 3600