



Volunteer Application Form

Family name _____

Given names/s _____

Date of Birth _____/_____/_____ (optional)

Address _____

Phone (Home): _____

(Mobile/Other): _____

Email: _____

Do you have a valid Driver's License? Yes No

Do you have comprehensive car insurance? Yes No

Driver's License number and expiry date _____

What is your availability to volunteer?

No. hours per week _____

Preferred Days:	Monday	Tuesday	Wednesday	Thursday	Friday
	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

Medical Information:

PCA Families has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs. *(Please comment on the impact of the following on work to be performed by you)*

Do you have an existing medical disability/condition/Injury? *Please provide details.*

Do you take any medication that may affect your work? *Please provide details*

Skills and Qualifications	
Formal Qualifications: <i>(e.g. Diploma, Degree, Trade Certificate etc.)</i>	
Other Training/Certification: <i>(Eg First Aid Certificate, Advanced Driving etc)</i>	
Computer Skills: <i>(eg Word, Excel, PowerPoint etc)</i>	

Present occupation _____

Previous paid or volunteer work _____

Reasons for wanting to volunteer with Permanent Care and Adoptive Families:

Do you come from a culturally and linguistically diverse background? Yes No

If yes, please specify (not compulsory) _____

Languages spoken other than English: _____

What kind of volunteer position are you most interested in at present? _____

What are your primary motivations for volunteering with us? [please advise if you have Centrelink obligations around volunteering]

What kind of work environments do you enjoy? (tick all applicable)	Busy/fast paced	Quiet
	Orderly & well-structured	Flexible & varied
	Working autonomously	
	Working as part of a team	
	Lots of social interactions	

Hobbies and Interests:

What would you like to tell us about yourself?

Name of people to contact in an emergency

Name: _____ Relationship: _____

Phone (home) _____ Mobile number _____

Name: _____ Relationship: _____

Phone (home) _____ Mobile number _____

Referees

1. _____ Relationship to you _____

Phone (home) _____ Mobile number _____

Name of referees

2. _____ Relationship to you _____

Phone (home) _____ Mobile number _____

Please note: it is a requirement that all volunteers must undertake a National Police Records Check, Working With Children Check, and sign a Volunteer Agreement which incorporates confidentiality, privacy and code of conduct statements.

Volunteers will also be required to attend a 2-hour Orientation/ Induction Session if selected.

Privacy Statement

Your privacy is our priority. The personal information you have provided will help us process you as a valued volunteer with our organisation and will be treated as confidential. We may also use your information in aggregate form for research purposes - in such cases individual names will not be identified.