Volunteer Application Form

*Tip: Include this form on your club’s website.*

Application Form



|  |
| --- |
| Please complete the form below to apply for a volunteer position with us. All information you provide will be treated as confidential. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Your contact details** | | | | | | |
| First name |  | | Last name |  | | |
| Preferred name |  | | | | | |
| Gender | Male  Female  Genderqueer/Non-binary  \_\_\_\_\_\_\_\_\_\_\_\_(fill in the blank)  Prefer not to disclose | | | | | |
| Address |  | | | | | |
| Suburb |  | | Postcode |  | | |
| Home phone |  | | Mobile |  | | |
| Email |  | | | | | |
| Preferred method of contact | | | Phone  Email | | | |
| Date of birth |  | | Country of birth | | |  |
| Languages spoken | English  Other: | | | | | |
| Do you have Australian residency, citizenship, or visa status which permits you to volunteer in Australia? | | | | | Yes  No | |
| If yes, please provide details | |  | | | | |
| Do you have a medical condition we should know about? | | | | | Yes  No | |
| If yes, please provide details | |  | | | | |
| Do you have any accessibility requirements that could impact on your ability to undertake certain tasks? | | | | | Yes  No | |
| If yes, please provide details | |  | | | | |
| Do you have a current Working With Vulnerable People card? (Some roles may require you to hold this registration) | | | | | Yes  No | |
| Do you have a certificate of a National Police Check? | | | | | Yes  No | |

| **Emergency contact details** | |
| --- | --- |
| Name |  |
| Phone / Mobile |  |
| Relationship to you |  |

| **Type of volunteer work preferred** | | | |
| --- | --- | --- | --- |
| Please indicate the volunteer role you would like to apply for (as listed on our website) | | | |
|  | Administration |  | Coaching |
|  | Ground maintenance |  | Club committee |
|  | Assisting with games |  | Canteen and BBQ |
|  | Events and activities |  | Other: |
| **Comments** | | | |

| **Availability** | | | |
| --- | --- | --- | --- |
| What days and times are you available to volunteer? | | | |
|  | **AM** | **PM** | **Notes** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

| **Skills and experience** |
| --- |
| Please highlight the skills, knowledge and experience you bring to this role. |
|  |

|  |  |
| --- | --- |
| **Referee Details** | |
| Please provide details of a person that we can contact in support of your application. | |
| Name |  |
| Position |  |
| Relationship to you |  |
| Phone / Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Consent to use photographs and video** | | | |
| Please indicate if you are willing to allow your image to be used to promote volunteering for our organisation. | | | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name)  AGREE / DO NOT AGREE (cross out as appropriate) for  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print organisation name)  to take, use and distribute photographs or video of me to promote volunteering. | | | |
| Signature |  | Date |  |

| **Office use** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item** | | **N/A** | **Yes** | **No** | **Comments** |
| Date application received | |  |  |  |  |
| Applicant details entered in database | |  |  |  |  |
| Confidentiality statement signed | |  |  |  |  |
| Volunteer Agreement signed | |  |  |  |  |
| Working with Vulnerable People card sighted | |  |  |  | Card #: |
| National Police Check certificate sighted | |  |  |  | Cert #: |
| Induction complete | |  |  |  |  |
| Comments |  | | | | |