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Share, Learn, Enjoy & Grow

Office Use Only: Volunteer area _____ _____ _____ Approved to progress <input type="checkbox"/>

Volunteer Application Form

The personal and health information requested on this form is being collected by Sussex Neighbourhood House Inc to assist staff in procedures relating to your involvement as a volunteer. The personal and health information will be used solely by Sussex Neighbourhood House Inc for this primary purpose or directly related purposes. The applicant may apply to Sussex Neighbourhood House Inc for access and/or amendment of the information.

Before completing this form to register as a volunteer please note Sussex Neighbourhood House Inc requires that a mandatory police check is undertaken on all prospective volunteers and a current Volunteer Working With Children Check is required.

VOLUNTEER CONTACT INFORMATION

Date / /

Name _____

Address _____ Post Code _____

Phone (home) _____ (work) _____

(Mobile) _____ Date of birth _____

E-Mail Address _____ @ _____

Country of birth _____

Indigenous Status: Aboriginal Torres Strait Islander None

EMERGENCY CONTACT

Name _____

Phone (home) _____ (work) _____

(Mobile) _____ Relationship to volunteer _____

VOLUNTEER ATTRIBUTES

Occupation (current or previous) _____

What are your interests or hobbies? _____

Languages spoken _____

Do you have a current first aid certificate level 2? Yes No If yes when does it expire? _____

VOLUNTEER EXPERIENCE

Have you ever done volunteer work before? Yes No

If yes what type of volunteer work have you undertaken? _____

TYPE OF VOLUNTEER WORK

Are you prepared to participate in volunteer training and/or information sessions? Yes No

What type of volunteer work are you interested in? _____

What would you like to achieve from this voluntary work? _____

AVAILABILITY

Please list days and times available for volunteer work

DAY	AM	PM	EVENING	HOURS
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FREQUENCY (eg. once per week) _____

PERSONAL HEALTH

Is there any medical condition, mental impairment or injury that you need to detail to the manager that could affect your ability or the type of volunteer work that you could undertake?

YES NO **IF YES MUST BE DETAILED**

Are you currently receiving WorkCover? Yes No

Are you receiving unemployment benefits? Yes No
(Terms and conditions in relation Centrelink benefits need to be discussed)

REFEREE DETAILS

Please provide the names of an independent person who could recommend you to us.

Referee

Name _____ Organisation _____

Relationship to volunteer _____ Phone _____

Summary Information

How did you become aware of voluntary opportunities with Sussex Neighbourhood House Inc?

Local Press Word of Mouth Internet Other (*Specify*) _____

Are you willing to undergo a police check? Yes No

Do you have a current Working with Children's Check? Yes No

DECLARATION

I declare the information on this registration form as I have answered is true and correct.

I have completed and attached the following documentation:

- Attached a copy of current resume or have previously provided one.

SIGNATURE _____ **DATE** ____ / ____ / ____