

## AGENCY VOLUNTEER POSITION DESCRIPTION

### Organisation details

Organisation name:			
Address:			
Postcode:		Website:	
Name of Volunteer Co-ordinator for this position:			
Days and hours of work of the Volunteer Co-ordinator for this position:			
E-mail address:		Office Telephone:	
Mobile Telephone: <i>(if applicable)</i>			
Organisational description:			

### Position details

Name of the volunteer position:			
Location/address of this position including postcode: <i>(If different from above)</i>			
Position description: <i>(include tasks and all information that might help make this position attractive to potential volunteers e.g. value of the role and the volunteer to the organisation, level of support provided &amp; by whom etc.)</i>			
Short description: <i>(summarise the key points from above, this is what people read first)</i>			
Requirements: <i>(Qualifications, experience, skills)</i>			
Working with children check required? <i>(Please tick)</i>	Yes		No
Police check required?	Yes	No	Is this payable by agency?
Heavy lifting needed?			
Driver's licence needed? <i>(C class)</i>	Yes		No
Driver's licence needed? <i>(LR/MR class)</i>	Yes		No
Medical check required?	Yes		No
Duration: <i>(please tick or provide specific dates)</i>	Special Event		Short Term
Long Term	Specific dates:		

Reimbursement: (e.g. petrol allowance, lunch/tea/coffee provided)			
Training: (What training is available for this position)			
How many volunteers does this position require?			
Wheelchair access?			
Is this position urgent?			
Working environment: <i>(Please tick)</i>	Working Alone		Working with others
What is the age range for this position? <i>(Your volunteer insurance may specify an age range)</i>			
What public transport is available? <i>(Number of bus/train):</i>			

Could this position be suitable for: <i>(please tick)</i>	
Centrelink approved volunteering? <i>(15 hours per week)</i>	
Youth/Student volunteers? <i>(Aged 14 to 18 years)</i>	
A Corporate Team/Large Group of Volunteers?	
A volunteer with a disability? <i>(with support if required)</i>	
A volunteer with limited English?	
Travelling/Short Term Volunteers?	
Skilled Volunteer? <i>(Specific qualification or experience)</i>	
Work Experience/Internship?	
Virtual Volunteering? <i>(Position can be done at home etc, based online or telephone)</i>	

What time is the Volunteer required? <i>(mark all that apply)</i>			
	AM	PM	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**When completed, please return to us by post, fax or email.  
Community Information and Support Victoria  
Attention Jill Wilson**

**Suite 907, Level 9 343 Little Collins Street, Melbourne 3000  
Fax 03 9672 2099  
Email [office@volunteersofbanyule.org.au](mailto:office@volunteersofbanyule.org.au)**

**For any questions please contact us on 9497 2777**