

VOLUNTEERS OF GLEN EIRA

VOLUNTEER APPLICATION FORM

Your Details

Given name:		Family name:	
Address:			
Suburb:		Postcode:	
Phone:			Preferred contact
E-mail:			Preferred contact
Date of Birth:		Gender:	

Skills and Qualifications *(Mandatory)*

Have you volunteered before?	Yes	No
Your key skills and qualification: <i>(summarises your key qualifications, experience, skills)</i>		
Previous work experience: <i>(summarises)</i>		
Hobbies and interests:		
Any work you are unable to do:		
Will you be travelling to a volunteer role by car or public transport?		
Do you have any of the following:		
Working with children check?:		Police check?:
Driver's licence?:		Driver's licence Light Rigid?:
Covid-19 vaccination?		
Would you be willing to obtain any of the following:		
Medical Check:	Police check:	Working with Children check:

Other Optional Information *(the following information is collected for statistical purposes)*

How did you find out about us?	
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What is your country of birth?					
Are you from a non-English speaking background?	Yes	No	If yes, do you need an interpreter?	Yes	No
Main language spoken at home?					
Are you indigenous or Torres Strait Islander?			Yes	No	
Are you a job seeker?	Yes	No	Are you volunteering as a part of Centrelink obligations?	Yes	No
Do you receive a Centrelink benefit?				Yes	No
Do you self-identify as having an ongoing health condition, including mental health?				Yes	No
Do you have a disability?	Yes	No			
If yes, (please tick type):	Psychiatric	Intellectual	Physical	Unspecified	

Service Focus (Mandatory)

Availability (Mandatory)

Tick the types of organisation you would like to support: (Select up to 3)			
Animal Welfare		Human Rights	
Arts & Culture		Indigenous Australians	
Community Service		Mentoring & Advocacy	
Disability Services		Migrant Services	
Disaster Relief		Museums & Heritage	
Drug & Alcohol Services		Other	
Education and Training		Recreation	
Emergency Response		Seniors & Aged Care	
Environment & Conservation		Sports	
Family Services		Veteran Services	
Health		Young People	
Homeless			

What days/time are you available to volunteer? (Mark all that apply)			
	AM	PM	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Volunteer Authorisation

I authorise Community Information and Support Glen Eira to release information to member organisation, if and when needed, in order to obtain a volunteer position. I also give my consent for my details being entered onto a database to be used for volunteering related purposes.

Signature: _____

Date: _____

When completed, please return by post or email to:
CIS Glen Eira
1134 Glen Huntly Rd, Glen Huntly 3163
Attention: Louise Howe
Email volunteering@cisgleneira.org.au
For any questions, please contact us on 9571 7644