

The following information will be retained by Wimmera UnitingCare and stored in paper or electronic form. It will be treated confidentially and in accordance with the National Privacy Principles.

Personal Details

Surname:	Given names:
Postal address:	
Town:	Post code:
Home phone number:	Mobile:
E-mail address:	

Identity Check Record (original documents must be sighted by Volunteer Coordinator and copy supplied)

Drivers Licence No		Expiry: / /
--------------------	--	-------------

Police Check No.																			Issued: / /
------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------------

Working With Children Check																			Expiry: / /
-----------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------------

Is Wimmera UnitingCare included on the application as a notified organisation? Yes / No

Current Information

1	Are you currently employed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Are you currently studying?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Name of course:				
3	Course provider:	Hours per week:			
	Have you participated in 'volunteer training' before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Training conducted by:				Date:
4	Training conducted by:				Date:
	Have you worked as a volunteer before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If yes, with whom?				
5	What did you do?				
	Are you volunteering for a specific event or general volunteering?	Event / General			
	If specific event please list:				

Which days and times are more suitable for you to volunteer?

Day (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time (e.g. 9.00am – 4.00pm)							

Why do you want to volunteer?

What do you believe you can offer?

Your Personal Skills, Abilities and Interests

Thinking about areas in which you are interested in volunteer work, please tick all boxes that describe your skills, preferences, and hobbies below.

Wimmera UnitingCare program preference

- | | | |
|---|--|--|
| <input type="checkbox"/> Any/All Programs | <input type="checkbox"/> Disability Services | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Awakenings | <input type="checkbox"/> Family Services | <input type="checkbox"/> No Interest Loan Scheme(Nils) |
| <input type="checkbox"/> Early Years | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Parent Support Groups |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Housing | <input type="checkbox"/> Youth |

Technical / Communication Skills

- | | | |
|--|--|--|
| <input type="checkbox"/> Marketing/Advertising | <input type="checkbox"/> Event Promotion | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Assemble/Mail outs | <input type="checkbox"/> Graphic Design/Artist | <input type="checkbox"/> Videography/Audio |
| <input type="checkbox"/> Camera/Lights | <input type="checkbox"/> Photography | <input type="checkbox"/> Web Design/ Maintenance |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Printing | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Power Point Design | |

Do you speak any language other than English? If 'Yes' please specify _____

Other professional skills

- Accounting/bookkeeping
- Microsoft office
- Financial planning
- General administration
- Medical knowledge

- Fundraising
- Grant applications
- Legal Work
- Insurance
- Real estate

- Money management
- Organisational/filing
- Phone receptionist
- Training

Manual and mechanical skills

- Architecture
- Carpentry
- Cleaning
- Construction

- Driver - bus/car
- Electrical
- Gen. maintenance
- Landscape/gardening

- Mechanical repair/automotive
- Painting
- Plumbing
- Welding

Hobbies and other

- Acting
- Animals/pets
- Bicycling
- Bird Watching
- Brewing beer
- Gym/meditation/yoga
- Car Racing

- Collecting
- Computers
- Cooking/nutrition
- First aid
- Fishing
- Gardening
- Interior design

- Music - singing or instrument
- Painting
- Reading
- Sewing
- Sport _____
- Wood work
- Writing

Other craft, hobbies or interests not mentioned above:

Referees (This section must be completed)

Names and contact numbers of persons who would be able to act as a personal referee for you.

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Any other comments you wish to make in support of your application.

Emergency Contact Details

No. 1

Name:	Relationship to Volunteer:
Address:	
Telephone:	Mobile:

No. 2

Name:	Relationship to Volunteer:
Address:	
Telephone:	Mobile:

Consent

I _____ (*person's full names*) hereby give permission for the use of any photos taken where I am present at any Wimmera UnitingCare activity. I understand the photo/s remain the property of the Wimmera UnitingCare and may only be used for evaluation, reporting and promotional purposes.

I understand that Wimmera UnitingCare is a client-safe organisation and as such, management, employees and volunteers aim to create a safe and friendly environment and are committed taking action to protect clients from physical, sexual, emotional, psychological and cultural abuse and from neglect.

Signature: _____ Date: ___/___/___

Please submit completed application form to:

Susan Griffiths
Volunteer Coordinator
185 Baillie Street
Horsham Vic 3400
Phone: (03) 5362 4000