VOLUNTEERING SERVICES AUSTRALIA
An initiative of Volunteering Gold Coast

Event Volunteer Application Form

Thank you for your interest in Event Volunteering. By providing us with the following information you will help us identify a position that suits your interests, skills, experience, location and availability.

Contact Details and Background Infomation

Title:	Given Name:	Preferred Name:
Surname:		Date of Birth - Required for insurance purposes:
Email Address:		
Residential Address - PO Boxes not acceptable:		
Address line 2:	State:	Postcode:
Mailing Address:		
Phone (Home):	Mobile:	

Have you volunteered before?	YES:		NO:	
Do you have access to tansport?	Public Transport:		Own Car:	

Experience, Skills and Abilities

List your skills and qualifications . . . . . .

. . . . . .

Previous work experience . . . . . .

. . . . . .

Hobbies/activities . . . . . .

It there any work you are **unable** to do? . . . . . .

. . . . . .

Do you have any licences or certificates?

- ☐ Driver's Licence (C)
- ☐ Driver's Licence (F)
- ☐ Driver's Licence (HR)
- ☐ Driver's Licence (MR)
- ☐ Driver's Licence (LR)
- ☐ Can you do heavy lifting?
  YES: ☐ NO: ☐
- ☐ Medical Check
- ☐ National Police Certificate
- ☐ Traffic Check
- ☐ Working with Children Check (Blue Card)

Other . . . . . .

Statistical Data *(The following information is requested for statistical purposes/funding reports.)*

What languages do you speak?				
Do you have a disability?	YES:		NO:	
If so, do you require support?	YES:		NO:	
Do you have a serious health condition that might affect your volunteer work?	YES:		NO:	

Continued overleaf

Your Volunteering Interests

	In which areas would you like to volunteer? (Please tick the options that MOST interest you).		Which **causes** do you wish to support by volunteering?
	Accounting & Finance		Animal Welfare
	Administration & Office Management		Arts & Culture
	Aged Care		Community Service
	Art, Craft & Photography		Disability Services
	Childcare		Disaster Relief
	Companionship & Social Support		Drug & Alcohol Support
	Counselling & Help Line		Education
	Disability Support		Emergency Response
	Driving & Transportation		Environment & Conservation
	Education & Training		Family Support
	Food Preparation & Service		Health Seniors & Aged Care
	Fundraising & Events		Homeless
	Garden Maintenance		Human Rights
	Governance, Board & Committee		Indigenous
	Information, Tour Guides & Heritage		Mentoring
	IT & Web Development		Migrant Support
	Library Services		Museums & Heritage
	Marketing, Media & Communications		Recreation
	Mediation & Advocacy		Second Language
	Music & Entertainment		Sport
	Research, Policy & Analysis		Trades & Maintenance
	Retail & Sales		Working with Animals
	Safety & Emergency Services		Veteran & Ex-Service Community
	Sport & Recreation		Young People
	Tutoring & Mentoring		Other
	Writing & Editing		

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Public Hol
Morning								
Afternoon								
Evening								

PLEASE READ THE FOLLOWING STATEMENT AS AN ACKNOWLEDGEMENT:

1. You accept that Volunteering Services Australia will use the above details for research, statistical analysis and follow up purposes respecting confidentiality.
2. Once your referral has been accepted it is your responsibility to communicate directly with the organisation & negotiate a final decision about volunteering.
3. I have read/discussed relevant position description prior to referral.
4. I acknowledge that it is my responsibility to check any Comprehensive Car Insurance coverage requirements.

Signature . . . . . Date . . . . . .

Volunteering Services Australia (VSA) is committed to respecting the privacy of the personal information we collect. VSA's Privacy Policy explains the steps we take to comply with the Privacy Act 1998 (Cth) and associated Australian Privacy Principles (APP's).
This policy is available by request to vsamarketing@vsaustralia.org.au or by post 2074 Gold Coast Highway, Miami 4220