



VOLUNTEER APPLICATION FORM

ALL areas need to be filled in (PRINT) for your application to be considered. Thank you.

Personal Information			
Title: Mr. Mrs. Ms. Miss Other			
First Name:		Last (Family) Name:	
Preferred name:		Date of Birth:	
Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		Nationality:	
Home address:			
Email address:			
Mobile:		Home or work phone:	
Do you identify as Aboriginal or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What is your residency status? E.g., Australian Citizen, Permanent resident, Visitor/Visa			
Do you speak any languages other than English?			
Do you have a current National Criminal Check? YES <input type="checkbox"/> NO <input type="checkbox"/> Expiry Date:			
Do you have a current Blue Card? YES <input type="checkbox"/> NO <input type="checkbox"/> Expiry Date:			
Do you have a current Driver Licence? YES NO Licence Number:			
How did you hear about volunteering at DWCS?			
Word of Mouth <input type="checkbox"/> Our website <input type="checkbox"/> Facebook <input type="checkbox"/> Advert <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)			
What is your current status?			
Retired or Home duties <input type="checkbox"/> Employed PT <input type="checkbox"/> FT <input type="checkbox"/> Student PT <input type="checkbox"/> FT <input type="checkbox"/> Other <input type="checkbox"/>			
Referees to support your application. Please provide 2 contacts. PRINT.			
Name:		Mobile:	Relationship:
Name:		Mobile:	Relationship:
VOLUNTEER AND WORK EXPERIENCE: <i>List your most recent experiences.</i>			
Position	Company	Start date	End date
1.			
2.			
3.			

4.			
5.			

LIST THE SKILLS YOU HAVE THAT SUPPORT YOUR APPLICATION:

1.		
2.		
3.		

PLEASE TELL US IN 250 WORDS OR LESS WHY YOU ARE INTERESTED IN VOLUNTEERING WITH DWCS:

AREAS of INTEREST: Tick your response

<input type="checkbox"/> Sewing, knitting crocheting etc.	Making craft items and attracting others to join the craft team
<input type="checkbox"/> Brisbane Events	Serving on Charity stalls, encouraging others to become volunteers with us
<input type="checkbox"/> Administration	Assisting with computer work, writing letters and cards at Easter and Christmas to our country people
<input type="checkbox"/> Storage Room	Helping to prepare for events, sorting, wrapping, pricing, and packing
<input type="checkbox"/> Driving	Packing and unpacking the vehicles and driving to and from events
<input type="checkbox"/> Phone support	Experience and qualifications required

How long do you anticipate volunteering with DWCS?

Ongoing commitment <input type="checkbox"/>	Less than < 6months <input type="checkbox"/>	Not sure <input type="checkbox"/>
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Signature:	Date:
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Please return completed form to Sr Christine Henry, Coordinator, Downs & West Community Support at admin@downsandwestcommunitysupport.org or mail to P.O Box 6613, MITCHELTON QLD 4053