



# Kath Dickson

FAMILY CENTRE

## VOLUNTEER APPLICATION FORM

Applicant Age Group: 0-17, 18-24, 25-34, 35-49, 50-64, 65+

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Blue Card Number (if applicable) : \_\_\_\_\_ Blue Card Exp: \_\_\_\_\_

**How did you hear about the Kath Dickson Family Centre? (Please select all that apply)**

- Website
- Previous Interview
- Special event
- Media
- Word of Mouth
- Counsellor/Doctor/Therapist
- Phone book
- GoVolunteer
- Job Network Provider

**What is your current work status? (Please tick ONE)**

- Job Seeker
- Full Time Worker
- Part Time Worker
- Retired
- Home duties
- Student
- Income Support
- Traveller/Visitor

**Do you identify as one (or more) of the following groups? (If YES – Tick, If NO – Leave Blank)**

- Disabled
- Non-English Speaking Background (CALD)
- Indigenous

**What is your primary motivation for volunteering? (Please tick ONE)**

- |   |  |
|---|--|
| <input type="checkbox"/> Help others/give back to community | <input type="checkbox"/> Explore/engage in areas of interest |
| <input type="checkbox"/> Using skills/learning new skills   | <input type="checkbox"/> To be active/keep busy              |
| <input type="checkbox"/> Social interaction                 | <input type="checkbox"/> Build confidence/self esteem        |
| <input type="checkbox"/> Centrelink/Job Network referrals   | <input type="checkbox"/> Practising English                  |
| <input type="checkbox"/> Gain work experience/reference     | <input type="checkbox"/> Personal Satisfaction               |
| <input type="checkbox"/> Make a difference                  | <input type="checkbox"/> Recommended by someone else         |

**What types of volunteer work are you interested in?**

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**Availability: (Please tick)**

- Monday          am/pm
- Tuesday         am/pm
- Wednesday      am/pm
- Thursday        am/pm
- Friday           am/pm
- Weekends        am/pm
- on call           am/pm

**Are you interested in volunteering for special events/projects? (Please tick)**

- Fundraising days,
- Cultural and sporting events,
- Festivals,
- Family fun days
- Other \_\_\_\_\_

**Volunteer Experience**

What is your general work history?

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What skills, experience or qualifications do you wish to contribute to volunteering?

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How would you describe your skill level? (e.g. *basic, intermediate, advanced*)

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**Do you speak any language other than English? Yes/No**

Specify: \_\_\_\_\_

Level of proficiency:      Written: Basic/Intermediate/Advanced

Spoken: Basic/Intermediate/Advanced

**Have you done voluntary work before? If yes, what kind and for what organisation?**

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**Do you have any condition or circumstances that would affect the sort of volunteer work you choose?**

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**Which locations or suburbs can you travel to volunteer?**

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**Any other information you would like us to know?**

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**Referees** – please provide the name and contact numbers of two people who are willing to act as referees for you and who have known you either personally or professionally for at least 12 months.

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_