



ID Code

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# Volunteer Application

Date / /

## Privacy Statement

This information is collected by the Doveton College Volunteer Program to enable us to place you as a volunteer. Your information will not be disclosed to any person, agency or organisation outside Doveton College without your consent, unless we are legally obligated to do so. You may have access to your information by contacting us for an appointment.

## Important Information

All applicants will need to apply for a Working with Children Check. Some roles also require a Police Check. You will also have an interview and referee check.

## Personal Information

Name:

Address:

Suburb:

Postcode:

Tel No:

Mobile No:

Email:

Date of Birth:

Country of Birth:

Language/s Spoken:

## Emergency Contact:

Name:

Relationship to you:

Tel No:

Mobile:

Are you a parent of a student at Doveton College?  Yes  No

If 'yes' please complete the following:

Student Name:

Doveton College Student ID:

Would you be willing to participate in a follow up survey?  Yes  No

3 months  6 months  12 months

Preferred method of contact:

Please tick your preference  Email  Phone  SMS

References: Please provide a referee who is not a family member

Name:

Relationship to you:

Tel No:

Mobile:

Why do you want to volunteer?

- |  |  |
|--|--|
| <input type="checkbox"/> Help others/ make a difference    | <input type="checkbox"/> To be active/ keep busy         |
| <input type="checkbox"/> Using skills/ learning new skills | <input type="checkbox"/> Gain work experience/ reference |
| <input type="checkbox"/> Build confidence                  | <input type="checkbox"/> Social interaction              |
| <input type="checkbox"/> Practising English                | <input type="checkbox"/> Explore areas of interest       |
| <input type="checkbox"/> Centrelink/Job Network referrals  | <input type="checkbox"/> Recommended by someone else     |

**✓ When would you like to volunteer?**

- Monday     Tuesday     Wednesday     Thursday     Friday

Preferred hours:

**✓ What kind of volunteer work are you interested in?**

- General interest                       Specific Role                       Special Events

**Have you done voluntary work before?**    Yes     No

If yes where?

**Do you have any health problems or other circumstances that would affect your volunteer work?**

- Yes    No                      If yes, please specify:

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

**What hobbies, sports, interests do you have?**

**Declaration:** The information I have provided is correct at the time of my application.

Signature:

Print Name:

Date:

**Office Use Only:**

- Has the Volunteer been placed?    Has relevant data been entered into the data base?

Term 1	Term 2	Term 3	Term 4
<input type="checkbox"/> Early Learning	<input type="checkbox"/> Early Learning	<input type="checkbox"/> Early Learning	<input type="checkbox"/> Early Learning
<input type="checkbox"/> Prep – Y6	<input type="checkbox"/> Prep – Y6	<input type="checkbox"/> Prep – Y6	<input type="checkbox"/> Prep – Y6
<input type="checkbox"/> Secondary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Specialist	<input type="checkbox"/> Specialist	<input type="checkbox"/> Specialist	<input type="checkbox"/> Specialist
<input type="checkbox"/> Breakfast Club	<input type="checkbox"/> Breakfast Club	<input type="checkbox"/> Breakfast Club	<input type="checkbox"/> Breakfast Club
<input type="checkbox"/> HLR	<input type="checkbox"/> HLR	<input type="checkbox"/> HLR	<input type="checkbox"/> HLR
<input type="checkbox"/> DEEP	<input type="checkbox"/> DEEP	<input type="checkbox"/> DEEP	<input type="checkbox"/> DEEP
<input type="checkbox"/> Homework	<input type="checkbox"/> Homework	<input type="checkbox"/> Homework	<input type="checkbox"/> Homework
<input type="checkbox"/> Childcare	<input type="checkbox"/> Childcare	<input type="checkbox"/> Childcare	<input type="checkbox"/> Childcare
<input type="checkbox"/> Wellbeing	<input type="checkbox"/> Wellbeing	<input type="checkbox"/> Wellbeing	<input type="checkbox"/> Wellbeing
<input type="checkbox"/> Other (Please Specify Below)	<input type="checkbox"/> Other (Please Specify Below)	<input type="checkbox"/> Other (Please Specify Below)	<input type="checkbox"/> Other (Please Specify Below)

- Monday                       Tuesday                       Wednesday     Thursday     Friday

COMMENTS