



Volunteer Application Form

Confidential

Personal Details

Name: _____ Date Of Birth: _____

Address: _____ Postcode: _____

Phone: H: _____ W: _____ M: _____

Email Address: _____

Emergency Contact Name: _____

Daytime Contact Number: _____

Relationship to You: _____

Information

How did you hear about our organisation? Website Word of Mouth

Newsletter Publicity Other Please specify: _____

What interests you about volunteering with Belconnen Community Service? _____

Do you have any personal goals you wish to achieve in volunteering with this service? _____

Do you have any skills, interests or hobbies that you feel could be utilised further within your volunteering role? _____

What experience have you had with people from culturally and linguistically diverse backgrounds? _____

(This information assists us in matching our clients needs and interests with those of our volunteers)

BCS is always interested in offering opportunities for feedback and community participation through committees and focus groups. Would you be interested in contributing your skills and knowledge to these committees if approached? Yes No Possibly

BCS has a confidentiality policy; what is your understanding of the importance of confidentiality? _____

continued over page

Information cont'd

Do you have any criminal convictions? Yes No

If yes, please specify: _____

(BCS is required to obtain a police check on all staff and volunteers. Please complete the provided forms.)

Do you have a current First Aid Certificate? Yes No Year of expiry: _____

Is there anything that may affect your ability to carry out tasks? E.g. Lifting, medical condition?

Yes No If yes, please specify: _____

Please supply the name and daytime phone number of two contacts who can supply a personal reference on your behalf:

Name: _____ Relationship to you: _____

Contact details: _____

Name: _____ Relationship to you: _____

Contact details: _____

Availability

Please indicate your availability throughout the week to provide volunteer assistance:

Monday	<input type="checkbox"/> am	<input type="checkbox"/> pm
Tuesday	<input type="checkbox"/> am	<input type="checkbox"/> pm
Wednesday	<input type="checkbox"/> am	<input type="checkbox"/> pm
Thursday	<input type="checkbox"/> am	<input type="checkbox"/> pm
Friday	<input type="checkbox"/> am	<input type="checkbox"/> pm
Saturday	<input type="checkbox"/> am	<input type="checkbox"/> pm
Sunday	<input type="checkbox"/> am	<input type="checkbox"/> pm

Are you available on a flexible basis or do you prefer set days/times? _____

Please indicate times when you know you will not be available: _____

Are you available:

at short notice? Yes No

during school hours only? Yes No

during school vacations? Yes No

Declaration

I wish to become a volunteer with Belconnen Community service. I have answered the above questions truthfully and to the best of my knowledge.

Signed: _____ Date: _____