

# Volunteer Application Form



**Belconnen  
Community  
Service**

Personnel Details					
Full Name				Date of Birth	
Address					
				Post Code	
Home Phone			Mobile		
Email Address					
Licence and Vehicle Details					
Do you hold a current driver licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Class		
Do you own or have access to a comprehensively insured vehicle?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
General Questions					
What volunteer position/s are you applying for?					
Why are you interested in volunteering with BCS?					
How did you hear about our organisation?					
What areas within BCS are you interested in?					
<input type="checkbox"/> <b>Community Programs</b> <i>Arts, Leisure and Skills; Community Transport; Community Care; Community Development</i>					
<input type="checkbox"/> <b>Individual and Family Support</b> <i>Information and Referral; Youth and Family Support</i>					
<input type="checkbox"/> <b>Children's Programs</b> <i>Early Childhood; School Age Care, Early Engagement</i>					
<input type="checkbox"/> <b>Business and Infrastructure</b> <i>Financial Management and Operations, Facility and Assets, Human Resources</i>					
Is there a specific BCS Program or Service you are interested in?					
An alignment to our Vision, Values and Mission is an important part of engaging with BCS - how do you feel these attitudes and values align with your own?					

BCS is committed to ensuring the privacy of an individual's information, what is your understanding of the importance of privacy and confidentiality?

### Availability

How many hours a week would you like to donate to volunteering?

Please indicate your preferred days and times

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A							
M							
P							
M							

Additional comments regarding availability

### Qualifications and Skills

Please outline your skills, interests or hobbies that could be utilised within your volunteering role.

What formal qualifications do you currently hold?

Please list any other Training or Certification you have gained.

Do you speak any Languages other than English? *If yes please list and provide details on your ability level eg fluent, intermediate, beginner*

### Employment and Volunteer History

What is your current employment status?

Full Time

Part Time

Casual

Not Working

*If you are currently employed, please provide an overview of this position.*

Provide a brief overview of your previous work experience.

Briefly describe any of your current or previous volunteer experience.

## References

*Please supply contact details of two people who you consent to be contacted to provide a reference on your behalf.*

<b>Reference One Full Name</b>			
<b>Relationship</b>			
<b>Phone</b>		<b>Email</b>	
<b>Reference Two Full Name</b>			
<b>Relationship</b>			
<b>Phone</b>		<b>Email</b>	

## AFP Police Check

*In order to ensure the safety of our participants we support, volunteers and employees must undergo an AFP National Police Check before commencing with BCS and every three years after.*

<b>Do you consent to an AFP National Police Check?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## Working with Vulnerable People Registration

*Under the WWVP Act and BCS Policy and Procedures you are required to hold a WWVP Registration and to keep this registration up to date whilst engaged by BCS.*

<b>Do you currently hold a Working with Vulnerable People Registration or are you willing to obtain one prior to commencing with BCS?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## Declaration

*I am applying to become a volunteer with Belconnen Community Service Inc (BCS) and declare the information obtained in this form is true and correct.*

<b>Your Full Name</b>			
<b>Signature</b>		<b>Date</b>	

*Privacy Statement: The information provided in this form will be used by BCS for the sole purpose of assessing and recording your application to volunteer with our organisation. Your information will remain strictly confidential at all time and will not be passed onto a third party.*

**Return Completed to:**      **ATT: People and Culture**  
**Belconnen Community Service Inc**  
**PO Box 679**  
**BELCONNEN ACT 2617**  
**Or via email to: vols@bcsact.com.au**