

APPLICATION FOR EMPLOYMENT- VOLUNTEERS

| | | | |
|--|--|--|--------|
| Full Name: | | Preferred Name: | |
| Residential Address: | | Postcode: | |
| Mailing Address: | | Postcode: | |
| Phone: (mobile) | | (home): | |
| Emergency contact/Next of Kin: | | | |
| Name: | | Relationship to you: | Phone: |
| Language(s) Spoken: | | | |
| What days are you able to attend? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun | | | |
| How many hours are you available? | | Per <input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly | |
| Commitment Preference: <input type="checkbox"/> One-off events <input type="checkbox"/> Short term <input type="checkbox"/> Long term | | | |
| Your mode of Transport: | | | |
| Have you had any previous experience working as a volunteer? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Have you had any previous experience working with Footprints client groups? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| What type of voluntary work are you interested in? (please tick) | | | |
| Type of Clients: | | <input type="checkbox"/> People with disabilities <input type="checkbox"/> People with mental health issues <input type="checkbox"/> Older people <input type="checkbox"/> People who are homeless (or at risk) <input type="checkbox"/> Any/all | |
| Types of Duties: | | <input type="checkbox"/> Kitchen duties <input type="checkbox"/> Assisting with transport <input type="checkbox"/> Office duties <input type="checkbox"/> Event Coordination <input type="checkbox"/> Group activities <input type="checkbox"/> Fundraising <input type="checkbox"/> Group outings <input type="checkbox"/> Other: <input type="checkbox"/> Buddy/Social support | |
| Do you have any medical condition/physical limitation that may impact on your ability to undertake any of the duties listed above? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes please list on a separate page or in the body of your email) | | | |
| Anything else you would like to add? | | | |
| How did you hear about Footprints? | | | |
| Please provide contact details for 2 referees who we can contact to ask about your suitability: | | | |
| Referee 1 | | Referee 2 | |
| Name: | | Name: | |
| Phone number: | | Phone number: | |
| How do they know you? | | How do they know you? | |
| I declare the above to be true in all respects: | | | |
| Signature: | | Date: | |

Please send completed form to: volunteers@footprintscommunity.org.au

Office Use Only:

Received date:

Actioned date:

Staff member: