

APPLICATION FOR EMPLOYMENT (Volunteer)

Full name:		Preferred name:	
Residential address:		Postcode:	
Mailing address:		Postcode:	
Email Address:		Date of birth:	
Phone: (home)	(work)	(mobile)	

Emergency contact/next of kin:		
Name:	Relationship to you:	Phone:

Languages spoken:							
What days are you able to attend?	Mon	Tues	Wed	Thu	Fri	Sat	Sun

How many hours are you available?	Per	week	fortnight	month
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Commitment preference (please circle or highlight):	One-off events	Short term	Long term
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Your mode of transport:

Have you had any previous experience working as a volunteer?	YES	NO
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Have you had any previous experience working with Footprints client groups?
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Do you hold a current National Workers Screening Clearance?	YES	NO
If no, are you willing to obtain one?	YES	NO

Please note - All Volunteers must now hold a Volunteers Workers Screening Clearance prior to assisting clients. Footprints will assist you in obtaining the clearance. **There is no charge for this clearance*

Are you fully Vaccinated against Covid-19?	YES	NO
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**Please note - For Aged Care Volunteer Visitor Scheme Volunteers it is required by some facilities you be fully Vaccinated against Covid-19 and able to provide a Vaccine Certificate. If this is required for your role you will be notified.*

What are your skills/talents?

What are your interests/hobbies?

What type of voluntary work are you interested in? (please tick)

Types of clients		Types of duties	
People with disabilities	☐	Kitchen duties	☐ Assisting with transport
Older people	☐	Office duties	☐ Event Coordination
People who are homeless (or at risk)	☐	Group activities	☐ Fundraising
People with mental health issues	☐	Group outings	☐ Other
Volunteer Visitor Scheme	☐	Buddy/Social support	☐ Any/all

Do you have any medical condition/physical limitation that may impact on your ability to undertake any of the duties listed above?	YES	NO (if yes please list on a separate page or in the body of your email)
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Anything else you would like to add?

How did you hear about Footprints?

I declare the above to be true in all respects:
Signature: _____ Date: _____

Office Use Only:

Received date:

Actioned date:

Staff member:

Position:

Action:

Follow up: