

Personal Details

Surname: _____ First Name: _____
Address: _____

Postcode: _____
Phone: _____ (home) Email: _____
_____ (work) Date of Birth: _____
_____ (mobile) Sex: Male Female

Volunteer Experience

Have you volunteered previously? No Yes (please describe below)
Organisation: _____
Volunteer duties performed: _____
Length of time with organisation: _____
Organisation: _____
Volunteer duties performed: _____
Length of time with organisation: _____

Other Skills / Experience:

Do you have any skills or experience in other areas that may be relevant to your work as a volunteer?
 No Yes (please describe) _____

Type of Volunteer Work

Please tick the following areas of volunteer work you would like to do:

| | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Aged Care | <input type="checkbox"/> Gardening | <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Alternative Care | <input type="checkbox"/> Shop Assistant | <input type="checkbox"/> Work with Refugees | <input type="checkbox"/> Other _____ |

Day(s) and Time(s) Available

Please tick the day(s) and time(s) you would be available to volunteer

| | | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM |
| <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM |

Transport

Do you hold a current driver's licence? Yes No
Do you have your own transport? Yes No
Are you prepared to use your own vehicle for volunteer work? Yes No

First Aid

Do you have a current First Aid Certificate? Yes No

Medical / Police Checks

Do you have any disabilities or medical conditions that may affect your volunteer work?

No Yes (please describe) _____

Do you agree to undergo a Medical Assessment?

Yes

No

Do you agree to undergo a Police Check? (*This is compulsory*)

Yes

No

Languages

Do you speak any language other than English?

No Yes _____

Emergency Contact

Surname: _____ First Name: _____

Address: _____

Postcode: _____

Phone: _____ (home)

_____ (work)

_____ (mobile)

Referees

Please provide the names, addresses and telephone numbers of two referees. UnitingCare Wesley Port Adelaide will keep these responses confidential.

Name: _____

Address: _____

Phone (h): _____

Phone (w): _____

Mobile: _____

Other

How did you hear about volunteering with UCWPA: _____

When will you be able to commence volunteer work with UCWPA? _____

I understand that:

- there is no intention to form an employment relationship and contract between UnitingCare Wesley Port Adelaide Inc. and myself,
- my details will be entered into a confidential database and will not be distributed to third parties.

Signed: _____ Date: _____

Return this form to: Volunteer Liaison Officer
UnitingCare Wesley Port Adelaide Inc.
PO Box 3032
PORT ADELAIDE SA 5015

or email to jcooper@ucwpa.org.au