



# Volunteering Macarthur

Phone: 4647 5241

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351 Welling Drive

Mount Annan 2567

## Voluntary Work Application Form

### Confidentiality Statement

*Please note all the information given on this form remains confidential to Volunteering Camden and the organisation. Only statistics may be given to funding bodies*

**Surname:** \_\_\_\_\_

**Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **(h)** \_\_\_\_\_ **(w)**

\_\_\_\_\_ **(m)** Best Time to Contact You: \_\_\_\_\_

1. **Date of Birth** \_\_\_/\_\_\_/\_\_\_  Male  Female

2. **Please tick your current situation (please tick all that apply):**

#### Employment Status

- Employed (full time)
- Employed (part time)
- Home Duties
- Retired
- Student
- Traveller
- Unemployed (less than 12 months)
- Unemployed (more than 12 months)
- Self Employed
- Not in Workforce

#### Centrelink Benefit

- Not receiving Centrelink payment
- Mutual Obligations
- New Start
- Youth Allowance
- Disability Support Pension
- Widow's Allowance
- Mature Age Allowance
- Partner Allowance
- Parenting Partnered
- Parenting Single
- Carer's Allowance
- Aged Pension
- CDEP
- Other \_\_\_\_\_

3. **Culture**

Country of Birth: \_\_\_\_\_

Non English Speaking Background

Aboriginal/Torres Strait Islander

Please list languages spoken: \_\_\_\_\_

Do you have a disability? YES / NO If yes, please give details

**4. Background and Skills**

Education Background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Occupation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Occupation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your reasons for volunteering: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Hobbies and Interests**

\_\_\_\_\_

Previous volunteer experience: Yes/No If yes, when and for which organisation:

\_\_\_\_\_

Is there a particular type of volunteer work you would like? \_\_\_\_\_

\_\_\_\_\_

Is there a person or group with whom you are particularly interested in working?  
(tick all that apply)

- Adults     Seniors     Teens     Children     People with Disabilities  
 Males     Females     No Preference     Other

Are there any groups you would not feel comfortable working with? Yes/No (please specify) \_\_\_\_\_

**6. Availability**

What days are you interested in volunteering?

- Monday     Saturday     AM  
 Tuesday     Sunday     PM  
 Wednesday     Any time  
 Thursday     State preferred time (eg. Monday, 9am-1pm)  
 Friday    \_\_\_\_\_

Suburb(s) preferred for voluntary work: \_\_\_\_\_

Transport:     Public     Private Vehicle     Other \_\_\_\_\_

Class of Licence:    Car                    Bus                                    Other

Vehicle Insurance Cover : Yes/No

**7. How did you hear about Volunteering Macarthur?**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Centrelink  | <input type="checkbox"/> Phone Book                 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electronic Media/Internet                               | <input type="checkbox"/> Previous Contact _____     |                                      |
| <input type="checkbox"/> Friend/Word of Mouth                                    | <input type="checkbox"/> Print Media/Newspaper      |                                      |
| <input type="checkbox"/> Health Professional                                     | <input type="checkbox"/> Private Employment Service |                                      |
| <input type="checkbox"/> School/College/Uni/TAFE                                 |   |                                      |
| <input type="checkbox"/> Job Network (please specify name of Job Network): _____ |   |                                      |

If the position required it, would you be willing to undergo a Police Check?  
Yes/No

**Please list the name and phone number of 2 character referees (other than family)**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name; \_\_\_\_\_ -Phone No \_\_\_\_\_ -  
-

I agree to my name and contact details being forwarded to the Agency of my choice.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to Volunteering Macarthur, PO Box 3477, Narellan NSW 2567**