

Volunteer Application



Surname: _____ Ms/Miss/Mrs/Mr
 First Name: _____ Preferred Name: _____
 Address: _____ Postcode: _____
 Phone: _____ (home) _____ (work)
 (mobile) _____ (e-mail) _____
 Date of Birth (DOB): _____ Country of birth: _____
 Languages Spoken: _____

Emergency Contact / Next of Kin

Name: _____ Relationship: _____
 Phone (home) _____ (work) _____ (mobile) _____

Volunteering

Have you been a Volunteer before? Yes no

If yes, please complete:

Year	Organisation	Role/Activity	Duration

Why would you like to be a volunteer? _____

What skills would you offer as a volunteer? _____

How did you hear about Gateway Social Support Options? _____

What would you prefer to do as a volunteer with Gateway Social Support Options?

- Group activity support One to one support
- Drive an 11 seater bus Transport in own car
- Transport in Gateway vehicle (automatic station wagon)

Are you interested in working with complex needs clients Yes No

Availability

Please tick the relevant boxes.

Days	Morning	Afternoon	Evening	Other	Frequency	weekly	
Monday							fortnightly
Tuesday							monthly
Wednesday							other
Thursday							
Friday					Approx. number of hours		
Saturday							
Sunday							

Interests and Hobbies

What are your interests and hobbies? _____

Friendly Visiting

Client preference: male / female / either older / younger / either

Suburb preference: _____

Are you available to visit more than one client? yes no

Smoking

Do you smoke? yes no

Would you visit a smoker? yes no

Vehicle Details

Do you have a car/access to a car? yes no

Are you happy to transport a client in your car? yes no

Is your car insured? yes no Comprehensive/Third Party

Car Type: 2 / 4 door wagon/sedan/4WD/other _____

Current Driver' s Licence? yes no Licence No. _____

Can you drive a manual vehicle? an automatic vehicle?

Do you have an endorsed licence? yes no

Is your car currently registered? yes no Registration No. _____

Fuel Reimbursement (applicant aware of relevant procedure) yes no

Health

Is there any relevant medical information that we need to know to assist us with your volunteer placement? yes
no

If yes, please describe: _____

Are there any factors that might limit your volunteer activities? yes
no

If yes, please describe and list any special requirements: _____

Occupation

Are you currently: Employed Home/Family Retired
Semi-Retired Student Other _____

Job Seeking: *Work for the Dole* *Mutual Obligation*

Employment Background (past &/or present):

Please provide a brief summary or resume: _____

Training

As a volunteer you are encouraged to participate in various training options. What topics interest you?

1. _____ 2. _____ 3. _____

Referees

If possible, we would prefer one professional and one personal referee.

1. Name: _____
Relationship to you: _____
Phone: _____
2. Name: _____
Relationship to you: _____
Phone: _____

Police Check

It is imperative that all volunteers in client contact areas have a National Police Check conducted. This procedure will ensure that client rights are protected through the implementation of security checks on potential volunteers. Please note, that in the event of a disclosable record (criminal history), the information will be provided to the Department of Human Services for further deliberation, as well as be processed via a second interview with the Coordinator of Volunteers.

Do you consent to having your application processed via a Police Check? yes no

Declaration

I declare the information on this application form as I have answered is true and correct.

I agree to contact Gateway Social Support Options in the event that any of the above information was to change and was to affect my ability to act as a volunteer.

Signature _____ Date _____

Further Information:	Fatima Unal Volunteer Recruitment Officer 43 Paxton Street, Spotswood 3015 Phone: 9399 3511 Email: fatimau@gatewaysupport.org.au
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