



## NEW MEMBERSHIP & VOLUNTEER APPLICATION FORM

Given Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

Town/Suburb \_\_\_\_\_ P/Code \_\_\_\_\_

Contact telephone/mobile \_\_\_\_\_

email \_\_\_\_\_

**Date**

*New Members joining after  
1 April are financial until  
1 July of following year*

**Age Group**

- 0-17       18-24  
 25-34       35-49  
 50-64       65+

**Availability**

- Tuesday  
 Thursday  
 Saturday  
 Other occasions and  
functions if required.

**DO YOU IDENTIFY AS ONE OR MORE OF THE FOLLOWING**

- Indigenous                       Disabled  
 Non English speaking background

**WHAT IS YOUR PRIMARY MOTIVATION FOR VOLUNTEERING?**

- Using existing skills                       Make a difference  
 Learning new skills                       Build confidence/self esteem  
 Gain work experience/reference       To be active/keep busy  
 CentreLink/Job Network Referral     Practice English  
 Personal satisfaction

**EXPERIENCE**

What is your current work status? \_\_\_\_\_

What is your general work experience \_\_\_\_\_

Do you have a condition or circumstance that would affect any voluntary work? Yes  No

If yes, what? \_\_\_\_\_

What kind of voluntary work would you like to do? \_\_\_\_\_

What skills, experience, qualification do you wish to contribute? \_\_\_\_\_

Have you done voluntary work before? Yes  No  When (Approx date) \_\_\_\_\_

What organization was this? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

We are required to have emergency contact details of all our volunteers. Please advise the following.

Emergency contact name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

