



PERSONAL DETAILS (please print)					
Title:	Surname :	First name:			
Mobile Phone:		Home phone :			
Date of birth? (day/month/year) / /		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Email address:					
Are you Aboriginal or Torres Strait Islander?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
In which country were you born?					
Do you speak a language other than English at home?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please specify?					
Do you consider yourself to have a disability, impairment or long-term condition that may impact on you being able to perform the duties of the volunteer position?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please specify?					
Are you an Australian Citizen or permanent resident?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please state your current Visa type?					
CURRENT ADDRESS					
Street Address					
Postal Address					
Suburb		State		Post code	
CURRENT EMPLOYMENT AND QUALIFICATIONS					
What is your current employment?		<input type="checkbox"/> Employed (full time) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed (part time) <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other _____			
Do you hold a current driver's license?		<input type="checkbox"/> Yes - License Class: _____ <input type="checkbox"/> No License Number: _____			
Do you hold a current NSW Working With Children Check? <i>Pioneer Park Museum is a child related workplace and requires volunteers to have WWCC</i>		<input type="checkbox"/> Yes – Expiry date: _____ <input type="checkbox"/> No WWCC number: _____ If No, please apply https://www.service.nsw.gov.au/transaction/apply-working-children-check or contact staff to assist with application			
Please include any additional information or comments, such as certificates, licenses to operate machinery, skills etc.		<input type="checkbox"/> General Construction Induction Training Certificate (white card) <input type="checkbox"/> Other/s _____			
AVAILABILITY					
Please indicate your availability and preference of volunteer days:		<input type="checkbox"/> All days <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			



PREVIOUS VOLUNTEER EXPERIENCE		PREVIOUS WORK EXPERIENCE	
Please list any previous volunteer experience: (e.g., community groups, service organisations, charities etc.) NB: No previous experience necessary		<input type="checkbox"/> Customer service / Administration <input type="checkbox"/> General support <input type="checkbox"/> Theatre and the Arts <input type="checkbox"/> Multicultural and youth <input type="checkbox"/> Tourism (<i>Local knowledge and history</i>) <input type="checkbox"/> Sports and Recreation <input type="checkbox"/> Committee member <input type="checkbox"/> Other: _____	
SPECIFIC PROJECT / OTHER		INTERESTED GCC FACILITIES	
Project details:		<input type="checkbox"/> Library <input type="checkbox"/> Visitors Centre (<i>Tour guide</i>) <u>Pioneer Park Museum volunteer areas:</u> <input type="checkbox"/> Catering assistance <input type="checkbox"/> Collection, Management, Exhibition development <input type="checkbox"/> Front of House & Administration <input type="checkbox"/> Maintenance & Gardening	
EMERGENCY CONTACT DETAILS			
Priority 1			
Name			
Relationship:		Work Phone	
Mobile Phone		Home Phone	
Street Address			
Suburb		State	Post Code
Priority 2			
Name:			
Relationship:		Work Phone	
Mobile Phone		Home Phone	
Street Address			
Suburb		State	Post Code
SIGNATURE			
Volunteer Signature:		Date:	
OFFICE USE ONLY			
Application approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Manager/Supervisor		Date:	
Signature:		Date:	