



FORM
(HR-FO-705) Volunteer Application Form

NAR Number:

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			
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?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes 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	
Personal email Address					
CURRENT EMPLOYMENT AND QUALIFICATIONS					
What is your current employment		<input type="checkbox"/> Employed (full time) <input type="checkbox"/> Employed (part time) <input type="checkbox"/> Self-Employed <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(es): _____ License Number: _____ <input type="checkbox"/> No			
Please include any additional information or comments, such as certificates, licenses to operate machinery, skills etc.		<input type="checkbox"/> Working With Children Check <input type="checkbox"/> General Construction Induction Training Certificate (white card) <input type="checkbox"/> Other _____			
AVAILABILITY					
Please indicate your availability and preference of volunteer days:		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> All days</div> <div style="width: 50%;"><input type="checkbox"/> Monday</div> <div style="width: 50%;"><input type="checkbox"/> Tuesday</div> <div style="width: 50%;"><input type="checkbox"/> Wednesday</div> <div style="width: 50%;"><input type="checkbox"/> Thursday</div> <div style="width: 50%;"><input type="checkbox"/> Friday</div> <div style="width: 50%;"><input type="checkbox"/> Saturday</div> <div style="width: 50%;"><input type="checkbox"/> Sunday</div> </div>			



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PREVIOUS VOLUNTEER EXPERIENCE		PREVIOUS WORK EXPERIENCE	
Please list any previous volunteer experience: (e.g., community groups, service organisations, charities etc.) 		<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: _____ 		<input type="checkbox"/> Library <input type="checkbox"/> Visitors Centre (<i>Tour guide</i>) <u>Pioneer Park Museum volunteer areas:</u> <input type="checkbox"/> Catering <input type="checkbox"/> Collection, Management, Exhibition development <input type="checkbox"/> Maintenance & Gardening <input type="checkbox"/> Reception & Tours	
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'S			
Volunteer Signature:		Date:	
Supervisor Signature:		Date:	