

Volunteer Application



Please complete this form and return to:
 Gymea Community Aid and Information Service, 39 Gymea Bay Road, Gymea, NSW, 2227

Position Applying For:	
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Personal Details:							
Title:		First Name:		Surname:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Email:							
Phone (Home):		Phone (Mobile):					
Contact Address:				State:		Postcode:	
Do you have access to transport?				<input type="checkbox"/> Public Transport <input type="checkbox"/> Private Vehicle			
Do you have any of the following drivers licences?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Manual <input type="checkbox"/> Automatic			
<input type="checkbox"/> (C)	<input type="checkbox"/> (F)	<input type="checkbox"/> (HR)	<input type="checkbox"/> (LR)	<input type="checkbox"/> (MR)	Licence No:		

Skills and Qualifications:	
Formal Qualifications (e.g. Diploma, degree, trade qualification etc)	
Other Training/Certification (e.g. First Aid, Advanced Driving etc)	
Computer Skills (e.g. Word, Excel, MYOB etc)	
Language Skills (Do you have written and/or spoken skills in any other languages?)	
What hobbies do you enjoy?	
Area of Interest for volunteering?	<input type="checkbox"/> Aged <input type="checkbox"/> Migrant/Settlement Services <input type="checkbox"/> Frontdesk <input type="checkbox"/> Special Projects

Employment and Volunteering History:			
Have you volunteered before?		<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please provide details)	
What was your most recent paid position?	Position:	Organisation:	
What was your most recent volunteer role?	Position:	Organisation:	

Emergency Contact Details:		
Emergency Contact 1	Name:	Telephone:
Emergency Contact 2	Name:	Telephone:

Availability							
No. of hours per week				Date available to start:			
Preferred Days:	Monday am <input type="checkbox"/> pm <input type="checkbox"/>	Tuesday am <input type="checkbox"/> pm <input type="checkbox"/>	Wednesday am <input type="checkbox"/> pm <input type="checkbox"/>	Thursday am <input type="checkbox"/> pm <input type="checkbox"/>	Friday am <input type="checkbox"/> pm <input type="checkbox"/>	Saturday am <input type="checkbox"/> pm <input type="checkbox"/>	Sunday am <input type="checkbox"/> pm <input type="checkbox"/>

Referees:		
<i>A Referee should be an Australian citizen or permanent resident, have known you for more than one year, is not a member of your family, be over the age of 18 and be readily contactable.</i>		
Referee 1 – Name:	Relationship:	How long have you known this referee?
Phone:	Mobile:	Email:
Referee 1 – Name:	Relationship:	How long have you known this referee?
Phone:	Mobile:	Email:

Declaration:	
Please read each statement and tick each check bos to acknowledge your acceptance:	
I declare that the information I have provided on this application is true and correct	<input type="checkbox"/>
I understand that I may be required to participate in an interview and selection process and agree to reference and/or background checks	<input type="checkbox"/>
I understand that I will be required to undertake and induction and/or trainig prior to commencing work with this organisation	<input type="checkbox"/>
I understand that I will be required to abide by the Organisation’s Code of Conduct	<input type="checkbox"/>
Signature:	Date:

Privacy Statement

GCAIS is an organisation for the purposes of the Privacy Act 1988 (Cwth) and therefore has legal obligations to ensure the protection and proper use and handling of personal information.

The Organisation places a high value on the rights of individuals to have their personal information protected. Any personal information collected will only be used for the primary purpose for which it has been collected.

However, some information may be used for research or statistical purposes. In this regard, all information will be treated as confidential and individual names will not be identified.