

Volunteer Registration Form

Thank you for your interest in becoming a volunteer. Our volunteers are very important to us. The information on this form will help us to become familiar with you and your interests.

Volunteers Details		
Name		
Address:		
Email:		
Phone:		
DOB:		
Are you an Australian Citizen/ permanent resident?	☐ Yes	
If no, please specify your Visa		
Occupation: Employer:		
Do you have a current	Yes	No
National Police Check		
Working With Children Check		
Department of Child Protection and Family Support Check		
What initiated your interest in volunteering?		
☐ Personal Interest ☐ Community Service ☐ Other:		
Educational Requirement:	□ Univers	sity
Course:Hours of volunte	ering require	ed:
Current or previous studies/ qualifications:		
Do you have any experience supporting people with disability?		

What do you feel you may bring to Identitywa? Do you have any previous volunteer experience? Do you have any medical problems we may need to know about?	† Identitywa						
Do you have any medical problems we may need to know about?		you may bring					
Do you have any medical problems we may need to know about?							
If yes please specify: What is your availability?	Do you have any	previous volur	nteer experien	ce?			
If yes please specify: What is your availability?	Do you have any	modical proble		pood to know about?			
Anytime Weekends only School holidays Specific days and/or times? How did you hear about us? Name of 2 personal references Person 1. Person 2. Name: Address: Phone: Occupation: Person to contact in an emergency Name: Relationship: Phone: Declaration I declare that, to the best of my knowledge and belief, all the information contained in this application is correct and accurate. I understand appointment to Identitywa voluntary staff is conditional to the obtainment of a National Police Clearance & Working with Children Check. Office Use only DEFA Induction		-			⊔ Yes ⊔ No		
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