

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 No

If no, please specify your Visa _____

Occupation: _____ Employer: _____

Do you have a current	Yes	No
National Police Check	<input type="checkbox"/>	<input type="checkbox"/>
Working With Children Check	<input type="checkbox"/>	<input type="checkbox"/>
Department of Child Protection and Family Support Check	<input type="checkbox"/>	<input type="checkbox"/>

What initiated your interest in volunteering?

Personal Interest Community Service Other: _____

Educational Requirement: High School TAFE University

Course: _____ Hours of volunteering required: _____

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? Yes No
If yes please specify: _____

What is your availability?

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.

Volunteer name/ signature _____ Date _____

Office Use only			
ID	WWC	DEFA	Induction
Police Check	Reference	Confidentiality	Start Date