

# **Volunteer Application**

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| **Personal Details** | | | |
| Given Name: | | Family Name: | |
| Title: | | Date of Birth: | |
| Street: | | | |
| Suburb: | | Post Code: | |
| Telephone (H): | | Telephone (M): | |
| Email: | | Languages Spoken: | |
| Next of Kin |  | Relationship |  |
| Telephone (H) |  | Telephone (M) |  |
| **Other Details** | | | |
| How did you hear about BVMOW? | | | |
| Why do you want to be a volunteer with BVMOW? | | | |
| Do you have any Community experience? Yes / No  Please list details of the organisation, type of work, number of years, etc. | | | |
| What are you currently doing? e.g.: employed, studying, etc. | | | |

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| How much time do you think you could spend volunteering:   * Weekly * Fortnightly * Monthly * On Call | | |
| **When are you available?** | **a.m.** | **p.m.** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |
| Have you any skills or work experience, which you think will be useful to you as a volunteer? | | |
| Do you have health conditions we need to be aware of? | | |
| What would you like to do?   * Accompany clients on individual outings * Administration * Assist at social groups and centre based day care * Deliver meals * Food preparation in kitchen * Café * Home visiting * Board of Directors * Other area - please provide details | | |
| Do you have Centrelink obligations?  How many hours per week? | | |
| **Driving History** | | |
| Do you have a Driver’s Licence:   * Yes * No | Type of Licence: | |
| Do you have a car? Yes / No | Licence No: | Years Driving: |
| Type of car: | Car Insurance Full / 3rd Party Property | |
| **Referees** | | |
| Bega Valley Meals on Wheels works with the frail aged and people with disabilities and their carers and we must ensure their safety at all times. We ask that you provide us with the names and telephone numbers of two referees. e.g.: neighbour, teacher, employer, friend or family. | | |
| **First Referee** | | |
| Name: | Relationship to you? | |
| Telephone (H): | Telephone (M): | |
| **Second Referee** | | |
| Name: | Relationship to you? | |
| Telephone (H): | Telephone (M): | |
| I understand that the work undertaken by BVMOW and their clients’ lives are strictly confidential and I undertake to maintain and respect that confidentiality at all time. I also give my permission for the above referees to be contacted.   * Yes * No | | |
| At times, BVMOW+ uses photographs of volunteers in publicity material such as local newspapers, newsletters or web site. Do you agree to allow us to publish photographs that may be taken of you during your activities as a volunteer?   * Yes * No | | |

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| Print Name |  |
| Signature |  |
| Date |  |