

VOLUNTEER CONNECTIONS

A referral and resource service for volunteering in the Manning, Great Lakes and Gloucester areas.
 Email: vc@manningssupportservices.org.au Phone: 6551 4528



VOLUNTEER REGISTRATION FORM

Title: Mr/Mrs/Ms/Dr	Family name:	First name:									
Address:		Postcode:									
Phone:	Mobile:	Email:									
Date of Birth:											
Are you currently: (please place cross) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Employed full time</td> <td><input type="checkbox"/> Home duties</td> <td><input type="checkbox"/> Looking for work</td> </tr> <tr> <td><input type="checkbox"/> Employed part time</td> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Centrelink Mutual Obligation</td> </tr> <tr> <td><input type="checkbox"/> Retired</td> <td><input type="checkbox"/> On a pension</td> <td><input type="checkbox"/> Other</td> </tr> </table>			<input type="checkbox"/> Employed full time	<input type="checkbox"/> Home duties	<input type="checkbox"/> Looking for work	<input type="checkbox"/> Employed part time	<input type="checkbox"/> Student	<input type="checkbox"/> Centrelink Mutual Obligation	<input type="checkbox"/> Retired	<input type="checkbox"/> On a pension	<input type="checkbox"/> Other
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<input type="checkbox"/> Employed part time	<input type="checkbox"/> Student	<input type="checkbox"/> Centrelink Mutual Obligation									
<input type="checkbox"/> Retired	<input type="checkbox"/> On a pension	<input type="checkbox"/> Other									
Do you have any health matters/medication which could affect a volunteer placement? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please describe.									
What is your country of birth?		Do you speak languages other than English? (If so, please describe)									
Do you identify as an Aboriginal or Torres Strait Islander? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Do you have a drivers licence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of licence:	Licence No:									
Do you have a car? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of insurance:										
Do you have any first aid qualifications? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please specify and state expiry date									

How did you hear about us?	
Why do you wish to volunteer?	
What are you hoping to gain through involvement in volunteer work?	
Have you ever worked as a volunteer before? If so, please give details.	
Please describe your work related skills.	
Please describe your life skills and interests.	
What type of voluntary work particularly interests you? (Please place cross)	
<input type="checkbox"/> Children and youth	<input type="checkbox"/> Activities with Older People
<input type="checkbox"/> Sport and recreation	<input type="checkbox"/> Media
<input type="checkbox"/> Other	<input type="checkbox"/> Administration/reception
	<input type="checkbox"/> Short term (festivals etc)
	Please specify:
Are you interested in working with clients on a one-to-one basis or as part of a group activity?	Local area preferred

Time availability (please place cross)		
	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

I agree to these details being forwarded to the agency of my choice for the purpose of volunteer placement.	
Signature: (if forwarding by post)	Date:

Please complete and return form either by email to vc@manningssupportservices.org.au or by post to:
Volunteer Connections
PO Box 759
TAREE NSW 2430