

Volunteer Application



Which volunteer role are you applying for? _____

PERSONAL DETAILS *(fields marked with * are mandatory)*

* Last Name:	* First Name:	Middle Name:	
Preferred Name:	Title:	* Date of Birth: ____/____/____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Preferred Contact:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
* Mailing Address:	Address:		
	Suburb:	Postcode:	
* Phone:	(H) _____	(W) _____	(M) _____
Email:	1) _____	2) _____	
* Emergency Contact:	Name:		Relationship:
	Phone:	(H) _____	(W) _____ (M) _____

EXPERIENCE AND INTERESTS:

What is your motivation for volunteering?	
Please list any skills, training, work history or volunteer experience you have which may assist you as a volunteer.	

AVAILABILITY:

When are you available to volunteer? <i>(Minimum engagement needs vary across services)</i>	➤ <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> One off (Events) ➤ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends (<input type="checkbox"/> Sat / <input type="checkbox"/> Sun) ➤ <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
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REFEREES:

Provide the details of two referees. Note: Referees cannot be family or friends. If this is difficult for you, please discuss with your Ladybird Care Foundation contact	Name:	Name:
	Relationship:	Relationship:
	Phone No: (Email)	Phone No: (Email)

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HEALTH:

Do you have a disability or injury which could impact on your ability to volunteer? Yes / No

Would you need additional support or equipment? Yes / No

Please provide details of any existing conditions that may affect your work as a volunteer:

DUTY OF CARE:

1. Some volunteer roles require criminal history background checks and this will be discussed with you during the interview. covers the cost of all background checks for potential volunteers.
2. Work restrictions may apply to temporary visa, such as tourist and student visas. These may affect whether the visa holder can engage in volunteer roles.
3. Do you know of any reason, which could include legal, physical or personal restrictions, which would prevent you from competently, and efficiently volunteering in a manner that is safe to yourself, clients, residents, patients, staff and other volunteers?

Yes / No If 'YES' please provide details: _____

DECLARATION:

I declare that the information I have given in this Application Form is true and accurate. I understand that upon acceptance as a volunteer, I agree to abide by the position description, policies and guidelines of Ladybird Foundation.

***Note:** For volunteers under 18 years of age, a parent or guardian must sign and date below. Please note that some Ladybird Foundation services require volunteers to be aged 18 years and over.

Volunteer Name: (please print) _____

Volunteer Signature: _____ Date: _____

_____ Date: _____