



Volunteer Application Form

Volunteer Details

Name: _____

Address: _____

Date of Birth: _____ Today's Date: _____

Phone Number: _____ Email: _____

Volunteer Role

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Publicity / Marketing |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Disability Mentor / Support | <input type="checkbox"/> Volunteer Tutor |
| <input type="checkbox"/> Other: _____ | |

Employment Status

- | | |
|--|---|
| <input type="checkbox"/> Working Full-Time | <input type="checkbox"/> Currently Studying |
| <input type="checkbox"/> Working Part-Time | <input type="checkbox"/> Semi-Retired |
| <input type="checkbox"/> Not Working | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other: _____ | |

What is your current occupation?

What are your relevant skills, experience, or backgrounds?

Do you have any special interests or hobbies related to volunteering at Span?

Do you speak any languages other than English?

What are your reasons for volunteering at Span Community House?

Are you required to volunteer as part of your studies, or as a Centrelink requirement?

Yes

No

Reference Details

Please nominate a non-family reference (preferably two) that is able to be contacted.

Please seek their permission first, before listing them as a reference.

First Reference Name: _____

Relationship To You: _____ Phone: _____

Second Reference Name: _____

Relationship To You: _____ Phone: _____

Emergency Contact Details

Emergency Contact: _____

Relationship To You: _____ Phone: _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

Commencement Date: _____ Completion Date: _____

Hours Per Week: _____ Days Working: _____

Position / Role / Title: _____