



# Volunteer Registration Form

## Details

Title \_\_\_\_\_

First name \_\_\_\_\_

Surname \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender  Male  Female  Indeterminate/Intersex/Unspecified

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

State \_\_\_\_\_

## Emergency

### ***Emergency contact information***

First name \_\_\_\_\_ Last name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone number \_\_\_\_\_



## Volunteer Registration Form

### Volunteering

What experiences or skills do you have to offer in your voluntary role:

Please list any work you are unable to do:

What type of volunteering are you available for?  General volunteering  Special events

How did you find us?

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Another organisation | <input type="checkbox"/> Signage                           | <input type="checkbox"/> Brochure   |
| <input type="checkbox"/> Internet             | <input type="checkbox"/> Social media                      | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Centrelink           | <input type="checkbox"/> Newspaper                         | <input type="checkbox"/> Radio      |
| <input type="checkbox"/> Word of mouth        | <input type="checkbox"/> Community Space at Westfield Knox | <input type="checkbox"/> Other      |

If other please specify \_\_\_\_\_



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## Volunteering

What country were you born in? \_\_\_\_\_

Please indicate your English language proficiency:

- Very well     Well     Not well     Not at all

What other languages do you speak? \_\_\_\_\_

Are you of Aboriginal or Torres Straight Island origin?  Yes  No

Do you identify as having a disability?  Yes  No

If yes, please specify:

- Physical disability     Intellectual disability  
 Mental illness     Deaf  
 Blind     Learning  
 Other. Please specify \_\_\_\_\_

Are you a job seeker?  Yes  No

What is your current work status?

- Employee (Casual)     Retired     Unemployed (registered)  
 Employee (Full time)     Self-employed     Visitor  
 Employee (Part time)     Student     Other  
 Home duties

If other please specify \_\_\_\_\_



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## Volunteering

What is your highest level of education?

- Postgraduate qualification     Bachelor degree     TAFE qualification  
 RTO qualification     Trade certificate     Year 12  
 Year 11     Year 10     Other

If other please specify \_\_\_\_\_

## Availability

Please select your availability.

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Volunteering

Why do you want to volunteer?

- Build confidence/Self Esteem     Social Interaction  
 Gain work experience and or reference     Help Others  
 Giving Back to the community     Using skills/learning new skills  
 To be active/keep busy     Make a difference  
 Personal satisfaction     Practicing English



## Volunteer Registration Form

### Signature and declaration

#### Signature & declaration

- I understand that it is a requirement of Volunteer for Knox to complete the initial Police Record Check. The initial Police Record Check will be paid by Volunteer for Knox. The completed check will be provided to me for presentation by me to all organisations I wish to volunteer with. Subsequent Police Record Checks will be the responsibility of the organisation the I volunteer for or paid for by myself.
- If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that if there is a workplace accident it must be reported and documented immediately at the workplace and to Volunteer for Knox.

#### Photographs

I  DO or  DO NOT (Please indicate) allow photographs/videos of me to be taken as part of my volunteer time to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports for Volunteer for Knox or by the organisation/s that I volunteer with.

#### Privacy statement & acknowledgement

This registration form will help us match and identify suitable opportunities and assist in profiling volunteering in Knox. You may be required to provide more information by another organisation.

**Volunteer for Knox** will not give any personal information about you to anyone else without your written permission. This is the law known as the Privacy Act, (2001).

I understand that **Volunteer for Knox** is required to provide the Knox City Council, with volunteer and training activity data which may include information I provide in this enrolment form. The Volunteer for Knox team and Knox City Council may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Knox City Council may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how volunteer information may be used or disclosed please contact Volunteer for Knox team on 0429 968 822 or [office@volunteerforknox.com.au](mailto:office@volunteerforknox.com.au).

*...continued on next page.*



# Volunteer Registration Form

## Signature and declaration

I acknowledge and agree to the terms described in this privacy statement.

I hereby declare that the information provided in this application for enrolment form is completed and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the applicant is under 18 years:

Parent/guardian name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Please have completed forms with you at your induction session or email the completed form to [office@volunteerforknox.com.au](mailto:office@volunteerforknox.com.au).**

*If you need any assistance filling out this form, or have any queries please contact Volunteer for Knox on 0429 968 822 or [office@volunteerforknox.com.au](mailto:office@volunteerforknox.com.au).*

***i*** **We understand personal circumstances can interfere with intentions but we will endeavour to contact you for two months then if we don't hear back it will be your responsibility to contact Volunteer for Knox.**

## Office use

*The following are for office use only. Please do not fill out.*

Date details recorded \_\_\_\_\_ Volunteer ID \_\_\_\_\_

Staff operator initials \_\_\_\_\_