

VOLUNTEER EXPRESSION OF INTEREST FORM

Thank you for your interest in volunteering. By providing us with the following information you will help us identify volunteering opportunities that suits your interests, skills, experience, location and availability.

PERSONAL DETAILS												
FIRST NAME:			SURNAME:									
HOME ADDRESS:												
SUBURB:					POSTCODE:							
POSTAL ADDRESS:												
SUBURB:					POSTCODE:							
PHONE:		MOBILE:			HOME:							
EMAIL ADDRESS:								DOB:		/ /		
GENDER:		<input type="checkbox"/> WOMAN		<input type="checkbox"/> MAN		<input type="checkbox"/> SELF DESCRIBED:						
COUNTRY OF BIRTH:				MAIN LANGUAGE SPOKEN AT HOME:								
CAN YOU SPEAK A LANGUAGE OTHER THAN ENGLISH?				<input type="checkbox"/> NO		<input type="checkbox"/> YES						
DO YOU HAVE REFUGEE STATUS, OR HAVE YOU IMMIGRATED TO AUSTRALIA?								<input type="checkbox"/> YES		Year of arrival _____		<input type="checkbox"/> NO
ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT?								<input type="checkbox"/> YES		<input type="checkbox"/> NO		
IF YES:		<input type="checkbox"/> ABORIGINAL		<input type="checkbox"/> TORRES STRAIT ISLANDER		<input type="checkbox"/> BOTH ABORIGINAL & TORRES STRAIT ISLANDER						
DO YOU HAVE A DISABILITY?			<input type="checkbox"/> INTELLECTUAL / LEARNING			<input type="checkbox"/> PSYCHIATRIC		<input type="checkbox"/> PHYSICAL				
<input type="checkbox"/> YES		<input type="checkbox"/> NO		<input type="checkbox"/> SENSORY/SPEECH		<input type="checkbox"/> OTHER						
ARE THERE ANY FACTORS THAT LIMIT YOUR ABILITY TO VOLUNTEER?								<input type="checkbox"/> YES		<input type="checkbox"/> NO		
IF YES, PLEASE PROVIDE DETAILS:												

PLEASE INDICATE YOUR AVAILABILITY FOR VOLUNTEERING			
PREFERRED TYPE OF VOLUNTEERING:	<input type="checkbox"/> ONGOING <i>(e.g. Regular shift / meetings)</i>	<input type="checkbox"/> ONCE OFF <i>(e.g. occasional event)</i>	<input type="checkbox"/> VIRTUAL <i>(e.g. online, from home)</i>
NO. OF HOURS AVAILABLE PER WEEK:			
DAYS OF 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"/>
ADDITIONAL NOTES ABOUT AVAILABILITY:			

PLEASE INDICATE YOUR VOLUNTEERING INTERESTS		
<input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> ANIMAL WELFARE <input type="checkbox"/> ARTS & CULTURE <input type="checkbox"/> COMPUTING <input type="checkbox"/> CUSTOMER SERVICE <input type="checkbox"/> DISABILITY SERVICES <input type="checkbox"/> DRIVING <input type="checkbox"/> EDUCATION	<input type="checkbox"/> ENVIRONMENT & CONSERVATION <input type="checkbox"/> FAMILY SUPPORT <input type="checkbox"/> FIRE & EMERGENCY SERVICES <input type="checkbox"/> GARDENING AND MAINTENANCE <input type="checkbox"/> HOSPITALITY <input type="checkbox"/> MENTORING <input type="checkbox"/> MIGRANT SUPPORT <input type="checkbox"/> MUSEUMS & HERITAGE	<input type="checkbox"/> PROJECTS & EVENTS <input type="checkbox"/> SENIORS <input type="checkbox"/> SOCIAL SUPPORT <input type="checkbox"/> SPORT & RECREATION <input type="checkbox"/> TOURISM <input type="checkbox"/> TUTORING <input type="checkbox"/> YOUNG CHILDREN <input type="checkbox"/> YOUTH <input type="checkbox"/> OTHER:
PLEASE LIST ANY SPECIFIC SKILLS YOU HAVE TO OFFER IN A VOLUNTEERING ROLE:		

VOLUNTEER HISTORY		
HAVE YOU EVER VOLUNTEERED BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE PROVIDE DETAILS:		
WHAT IS YOUR PRIMARY MOTIVATION FOR VOLUNTEERING? <i>(e.g. pathway to employment, to meet people)</i>		
WHAT IS OR HAS BEEN YOUR MAIN OCCUPATION?		
HOW DID YOU HEAR ABOUT VOLUNTEERING BALLARAT?		

PERMISSIONS		
I am willing to undertake all relevant training for volunteering positions if requested	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am willing to undertake a Working With Children Check (WWCC)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am willing to undertake a National Police Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my basic information to be shared with relevant government agencies for reporting purposes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree to have my contact details added to the Volunteering Ballarat database for the purposes of sharing (via email) volunteering opportunities that may be of interest to me.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SIGNATURE: _____ **DATE:** ____ / ____ / ____

YOUR PRIVACY AND CONSENT
<p>The personal information in this form is for the purpose of registering your interest in volunteering. Our volunteer program is funded by State and Federal governments and we are required to collect your personal information, including your name, age, gender, cultural background and disabilities. The privacy of this personal information is protected by law, including by the Commonwealth Privacy Act 1988.</p> <p>Personal information about you will not be disclosed without discussing this with you and gaining your consent. Your consent is completely voluntary. You can change your mind at any time. This will not stop your access to services. If you wish to discuss this with us or amend or remove your details, please contact the Chief Executive Officer.</p>