



# South Port Day Links Volunteer Application Form

**P.O. Box 199, Port Melbourne VIC 3207, Telephone 9646 6362 Fax 9646 6606**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (mobile): \_\_\_\_\_

What are the best times to contact you? \_\_\_\_\_

Age:  18 – 25  26 – 39  40 – 49  50 – 65  66 – 75  Over 75

What type of volunteer work would you like to do?

(You can choose more than one)

Transport  Office work  Committee of Management

Walkmates  GardenMates  PetLinks

Anything else? \_\_\_\_\_

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

Previous work experience (paid or unpaid), and any training or qualifications you have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your interests / hobbies?

\_\_\_\_\_  
\_\_\_\_\_

What interests you in being a volunteer?

\_\_\_\_\_

How did you find out about this volunteer opportunity?

\_\_\_\_\_  
\_\_\_\_\_

What times would you be available?

\_\_\_\_\_  
\_\_\_\_\_

Are there any times when you would not be available?

\_\_\_\_\_  
\_\_\_\_\_

Are you able to help out at short notice?

Yes

No

Do you have a car?  Yes  No Registration No: \_\_\_\_\_

If you have a car, is it comprehensively insured?  Yes  No

Would you be willing to transport other people?  Yes  No

Do you need assistance with transport?  Yes  No

Is there anything that may affect your ability to be a volunteer in certain situations?

(E.g. medical condition, disability etc.?)

\_\_\_\_\_

Would you like others in your family to join in the volunteer activity you choose, if it is suitable?

\_\_\_\_\_

Is there anything else you would like us to know?

\_\_\_\_\_

Name of person to contact in an emergency: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (mobile): \_\_\_\_\_

Please provide the names of 2 people who could act as a referee for you.

<u>Referee 1:</u>	<u>Referee 2:</u>
Name:	Name:
Address:	Address:
Telephone (home): (mobile):	Telephone (home): (mobile):

How did you find out about South Port Day Links?

Brochure  Web site  Referral  Word of Mouth  Other please state \_\_\_\_\_

The completion of this form is an expression of interest to become a volunteer with South Port Day Links Inc. (SPDL). It is required that all volunteers meet with the Coordinator of Volunteers and complete the required processes to become a volunteer with the organisation.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_