

Volunteer Application



Personal Details						
Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other:
Legal First Name						
Preferred Name				Other Given Name(s)		
Surname						
Residential Address						
Suburb				State		Postcode
Postal Address						
Suburb				State		Postcode
Email Address						
Telephone Numbers	Home				Mobile	
Date of birth			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-disclosed		
About you						
Do you identify as Aboriginal or Torres Strait Islander?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you identify as a person with disability?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you an Australian Citizen or Permanent Resident?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you accessed any of our services in the past 12 months?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If, yes <i>please tell us which service</i>						
Do you speak a language other than English? <i>If yes, please state</i>						
In which country where you born?						
Are you part of the Centrelink Mutual Agreement Program?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a member of a Uniting Church congregation?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you willing to undergo a criminal history check? (at no cost to you)				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you lived overseas for more than 12 months in the last 10 years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If, yes <i>please provide an international police check</i>				Date issued		
Country of issue					Ref number	
Do you hold a current Full Australian Driver's License?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If, yes <i>please provide your license number</i>					Expiry date	
Do you currently hold a Victorian Working with Children's Check?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If, yes <i>please provide your registration number</i>					Expiry date	
Why would you like to volunteer with Uniting?						

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What type of volunteer opportunities interest you?

Resilient communities

People experiencing crisis and homelessness often need support while they focus on building brighter days ahead.

<input type="checkbox"/> Emergency Relief	<input type="checkbox"/> Social Support	<input type="checkbox"/> Community Gardens	<input type="checkbox"/> Food for Families
<input type="checkbox"/> Financial Inclusion	<input type="checkbox"/> Asylum Seeker Support	<input type="checkbox"/> Teaching or Tutoring	<input type="checkbox"/> LGBTIQ Support
<input type="checkbox"/> No Interest Loan Scheme	<input type="checkbox"/> Housing	<input type="checkbox"/> Nutrition Support Programs	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Community Meals	<input type="checkbox"/> Drop in Centers	<input type="checkbox"/> Christmas Giving Programs	<input type="checkbox"/> Bread Collection

Aged & Carer Services

One of the difficult aspects of ageing can be the loss of independence. At Uniting, we help older people and their carers stay active and live enriching lives.

<input type="checkbox"/> Planned Activity Groups	<input type="checkbox"/> Community Visitors Scheme	<input type="checkbox"/> Community Transport	<input type="checkbox"/> Carer Support
<input type="checkbox"/> Social Support	<input type="checkbox"/> Residential Services Visiting Scheme	<input type="checkbox"/> Pastoral Care	<input type="checkbox"/> Events

Business and Social enterprises.

Our business and social enterprises support local communities to build, innovate and grow.

<input type="checkbox"/> Op Shops	<input type="checkbox"/> Transport	<input type="checkbox"/> Warehousing & Sorting	<input type="checkbox"/> Social Enterprise
<input type="checkbox"/> Hospitality & Catering	<input type="checkbox"/> Driving		

Child, youth & family

Every person has a right to live safe from harm. We work alongside children, youth and families so they can enjoy a safe, caring home environment. ***Please complete supplementary attachment 3 for Youth Mentoring***

<input type="checkbox"/> Administration	<input type="checkbox"/> Parenting Support Program / Home Start	<input type="checkbox"/> Multicultural Playgroups	<input type="checkbox"/> Education programs
<input type="checkbox"/> L2P Program	<input type="checkbox"/> Music Together	<input type="checkbox"/> Family support services	<input type="checkbox"/> Youth mentoring

Disability

For people living with disability, accessing support is about being empowered through choice.

<input type="checkbox"/> Camps	<input type="checkbox"/> Community Support Programs	<input type="checkbox"/> Neurological Support	<input type="checkbox"/> Day Activities
<input type="checkbox"/> Social Support	<input type="checkbox"/> Supported Accommodation	<input type="checkbox"/> Social Enterprises	<input type="checkbox"/> Individual support

Early learning

Early childhood is a time of exploration, creativity and discovery.

<input type="checkbox"/> Long Day Care	<input type="checkbox"/> Events	<input type="checkbox"/> Kindergartens	<input type="checkbox"/> Gardening & Maintenance
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Support & Foundation Services

<input type="checkbox"/> People & Culture	<input type="checkbox"/> Corporate Services & Finance	<input type="checkbox"/> Marketing & Communications	<input type="checkbox"/> Citizenship & Advocacy
<input type="checkbox"/> Mission & Ethos	<input type="checkbox"/> Quality		

Tell us where you would like to volunteer? (locations)

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What days are you available

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long would you like to volunteer for?				<input type="checkbox"/> Once <input type="checkbox"/> 1 – 3 months <input type="checkbox"/> 3- 6 months <input type="checkbox"/> 6 months +			
How often would you like to volunteer?				<input type="checkbox"/> Daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every now and then			
Are you applying for a specific volunteer role?							

Please provide information on any previous volunteer/work experience and qualifications that may be relevant

Please list your skills, interests or hobbies

Medical Information

Emergency Contacts

Please provide details of at least two people we can contact in the unlikely event of emergency

Name		
Telephone		
Relationship to you		

Pre-existing conditions

Do you have any medical/physical conditions or injury that may affect your ability to carry out the requirements of the position you have applied for? Yes No

If, yes please provide basic details

Referee Information

Please provide details of at least two people we can contact who can comment on your skills, performance and achievements.

Name			
Relationship			
Telephone			
Email			

How did you hear about volunteering at Uniting?

<input type="checkbox"/> GoVolunteer	<input type="checkbox"/> Seek Volunteer	<input type="checkbox"/> Local Volunteer Service	<input type="checkbox"/> Friends or Family
<input type="checkbox"/> Facebook	<input type="checkbox"/> Google Search	<input type="checkbox"/> Local congregation	<input type="checkbox"/> at an event
<input type="checkbox"/> School	<input type="checkbox"/> University or TAFE	<input type="checkbox"/> Local community centre	<input type="checkbox"/> Employment agency

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Declaration of applicant

I acknowledge that volunteering with Uniting is subject to the following pre-commencement safety screening checks, national and international Police Records Checks, Working with Children checks and Reference Checks.

I understand that reference checks will be conducted with the referees I have identified above and I agree to information about me being provided to Uniting from them in relation to my application.

Name			
Signature		Date	

Thank you for your interest in volunteering with Uniting (Victoria and Tasmania).