|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | | |
| First Name |  | | | | | Surname | |  | | |
| Date of birth | / / | | | | | | | | | |
| Indigenous Status | Please indicate | | | Aboriginal | | | | | | |
| Torres Strait Islander | | | | | | |
| Both Aboriginal and Torres Strait Islander | | | | | | |
| Not Indigenous | | | | | | |
| Not Stated | | | | | | |
| Mail address |  | | | | | | | | | |
| Town/City |  | | | | | | | Postcode | |  |
| Telephone number |  | | | | | Mobile | |  | | |
| Email Address |  | | | | | | | | | |
| Do you have a Disability or Impairment (please specify).  We strive to be an EEO organisation. |  | | | | | | | | | |
| **QUALIFICATIONS & EXPERIENCE** | | | | | | | | | | |
| Currently studying? | Yes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Driver’s licence? | | Yes  No |
| Please list your relevant qualifications |  | | | | | | | | | |
| *Please provide a copy of your resume with your expression of interest* | | | | | | | | | | |
| Any other notes / comments…. | | | | | | | | | | |
| **PLACEMENT INFORMATION** | | | | | | | | | | |
| Who referred you to us? | Job Services Australia  Centrelink  Volunteers @ Warrnambool  Self  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Why are you volunteering? | To obtain experience | | | | | | | | | |
| Obligation, e.g. Centrelink requirement. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Corporate Volunteering. Please specify organisation \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Are you interested in any of these departments in particular? | KULCHA Shift | | | | Op Shop | | | | | Events |
| Administration | | | | No Interest Loans Scheme | | | | | |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Do you have any health or other requirements that could affect the type of volunteering you do? |  | | | | | | | | | |
| **AVAILABILITY** | | | | | | | | | | |
| Preferred Location(s) | Warrnambool  Portland  Hamilton  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Period Available | / /\_\_\_\_\_ to / /\_\_\_\_\_ | | | | | | | | | |
| Available Times | Morning | | Afternoon | | | | Evening | | All Day | |
| MONDAY |  | |  | | | |  | |  | |
| TUESDAY |  | |  | | | |  | |  | |
| WEDNESDAY |  | |  | | | |  | |  | |
| THURSDAY |  | |  | | | |  | |  | |
| FRIDAY |  | |  | | | |  | |  | |
| SATURDAY |  | |  | | | |  | |  | |
| SUNDAY |  | |  | | | |  | |  | |
| COMMENTS/ NOTES | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **I agree that the information I have provided is accurate.**  **I attach a current resume.**  **I give permission for Brophy Family and Youth Services to contact me about suitable volunteering opportunities during my indicated availability or for one year, whichever is shorter.**  **I understand that I will need a Volunteer Working with Children Check, to undergo a National Police Check, and to provide the names of two referees before I can volunteer with BFYS.** | | | | | | | | | | |
| Signature | |  | | | | | | Date | | / / |
| Signature of Parent/ Guardian if under 18 | |  | | | | | | Date | | / / |