



Version 2	4. Human Resources
Issue Date 22 July 2014	4.1.24 FORM Volunteer Application

## Volunteer Application Form

Date: / /

**We want to know a little about you...**

Name			
Address			
Suburb		State:	Postcode
Phone	(h)	(w)	(m)
Email			
Emergency Contact Name:			
Phone		Relationship to you	

Where did you hear about the Migrant Resource Centre and our volunteer opportunities?

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### Your availability

When are you available to Volunteer?		
Start date		
Day(s) of the week & time	Day	Time
	<input type="checkbox"/> Monday	_____
	<input type="checkbox"/> Tuesday	_____
	<input type="checkbox"/> Wednesday	_____
	<input type="checkbox"/> Thursday	_____
	<input type="checkbox"/> Friday	_____
	<input type="checkbox"/> Saturday	_____
	<input type="checkbox"/> Sunday	_____
How often per month?		

What attracted you to the Migrant Resource Centre North West in particular?

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What training or qualifications do you have?

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What type of work have you done before?

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Are there any groups/jobs you would not be comfortable with?  Yes |  No (please specify)

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What language(s) do you speak?

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Do you have any health conditions which would affect your ability to do this job?

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It is a requirement that all volunteers undertake a police check prior to commencing any voluntary work at the MRCNWR.

Do you have a current Police check certificate?  Yes |  No (please specify)

If not, are you willing to undertake a police check?  Yes |  No (please specify)

**How do you want to volunteer?**

Position you are applying for \_\_\_\_\_

What type of work are you interested in doing (please tick)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Homework program                           | <input type="checkbox"/> Tax Help                        | <input type="checkbox"/> Helping with social groups                 |
| <input type="checkbox"/> Committee of Management                    | <input type="checkbox"/> Driving                         | <input type="checkbox"/> Helping with functions & events            |
| <input type="checkbox"/> Conversational English                     | <input type="checkbox"/> Organising information sessions | <input type="checkbox"/> Friendly visiting for frail & aged clients |
| <input type="checkbox"/> Migration Agent Advice (must be qualified) | <input type="checkbox"/> Administrative tasks            | <input type="checkbox"/> Other please specify                       |
|   | <input type="checkbox"/> Reception                       | _____   |

**References**

Please provide two personal or professional references:

Name	Phone number	Relationship to you
1.		
2.		

Reference notes \_\_\_\_\_

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I hereby attest that the above information is true to the best of my knowledge:

Signature: \_\_\_\_\_ Todays Date:     /     /

Thank you for your time. Your application will be compared to potential projects and you will receive a response within to weeks. Please contact the MRCNWR on 9367 6044 if you have any questions.

**Privacy & Confidentiality**

The information that you provide to us on your registration form is required by us to be able to contact you and to help us provide you with appropriate volunteer work. All staff at the MRCNW are required to keep any information about clients confidential this also includes students and volunteers. We do not share this information with anyone outside of the MRC North West unless you have given us permission to do so. The information we collect is stored securely by the MRC North West for 7 years from the time of your last visit. After that the information is destroyed. **Some of the information is collected for statistical purposes. We do not use any identifying information in our statistics.**