

VOLUNTEER APPLICATION



PERSONAL DETAIL	
Surname:	
First Name:	
Prefer to be called:	
Home Street Address:	
Town:	Postcode:
Postal Address (if different):	
Town:	Postcode:
Country of Birth:	Date of Birth:
Phone Number:	Mobile:
Email:	
REFERENCE DETAIL	
(1) Company Name:	Phone Number:
Person Name:	
(2) Company Name:	Phone Number:
Person Name:	
(3) Company Name:	Phone Number:
Person Name:	
PHYSICAL ABILITY	
The following questions are asked so that the organisation does not overtax its volunteers	
Are you able to lift a client?	
Are you able to push a wheelchair?	
Are you able to push a shopping trolley?	
Are you able to help carry shopping?	
Comments:	
OTHERS	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	

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Are you on any scheme requiring that you volunteer/work experience?

- Yes. Name of organisation
- No

Commitment Required:

Do you have any health problems that may affect your volunteer work? If so how may these issue be addressed in the workplace?

Which days are you available for volunteer work?

Day of week	Hours
.....
.....
.....
.....
.....

Would you be available (please tick)

- Weekends
- School Holiday

Do you speak any language other than English? (if yes which ones)

Have you been involved in volunteer work before? (if yes with whom)

What would you like to do as a volunteer?

Are you currently taking any medication which may restrict your ability to drive a vehicle? (if yes please detail)

Where did you hear about Easy-Go Connect?

VOLUNTEER APPLICATION



To Transport clients in your own vehicle, it is a requirement to have valid driving licence, Motor Vehicle Comprehensive Insurance & Compulsory Third Party (CTP) Insurance

Vehicle Detail	
Rego No	
Model	
No. of seat	
Rego Expiry Date	
Office use <input type="checkbox"/> Sighted <input type="checkbox"/> Photocopied	

Driving Licence	
No	
Type	
Expiry Date	
Office use <input type="checkbox"/> Sighted <input type="checkbox"/> Photocopied	

Comprehensive Insurance	
Cover No	
Expiry Date	
Office use <input type="checkbox"/> Sighted <input type="checkbox"/> Photocopied	

CTP Insurance	
Cover No	
Expiry Date	
Office use <input type="checkbox"/> Sighted <input type="checkbox"/> Photocopied	

Applicant's signature: _____ Date: ___/___/___

OFFICE USE ONLY

Reference Check

Company	Person Name	Completed Date	Comments
1)			
2)			
3)			

PLEASE RETURN THIS COMPLETED FORM TO:

**The Volunteer Coordinator
Unit F1, Building F, 22 Powers Road, Seven Hills NSW 2147**