

PERSONAL INFORMATION

Surname:		Given Name:	
Gender:		Date of birth:	
Address			
Home Telephone:		Mobile:	
Email Address			
Social Media Profiles			
<p>What is your employment status?</p> <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time/casual <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ <p><i>If employed, who is your current employer?</i></p> <p>_____</p>		<p>What is your citizenship status?</p> <input type="checkbox"/> Australian citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> New Zealand citizen. <input type="checkbox"/> Temporary Visa Holder <p><i>Please attach evidence of a residency or visa.</i></p>	
Are you an Aboriginal or Torres Strait Islander?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you from a non-English speaking background?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Do you speak any languages other than English?</i>
Are you able to travel (within the Great Southern region) to participate in volunteering?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please describe any constraints.</i>
Do you have your own transport?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If not, please advise if you need assistance with transport (e.g. pick-up/drop-off)</i>

EMERGENCY CONTACT DETAILS

Name			Relationship	
Address				
Home phone	Work phone	Mobile Phone		

MEDICAL HISTORY

We have a duty of care to ensure that your health is not impaired as a result of an assigned volunteer role. It is to your benefit to equip us with relevant information to ensure your role and duties are appropriate for you and allow us to provide any necessary support. This information will not be disclosed without your permission.

Do you have a disability or any medical conditions that could limit your chosen volunteer role or future volunteer roles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require any support to perform your role as a volunteer?
If you take prescribed medication in relation to a specific medical condition or disability please provide details:		
Can you do heavy lifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe any constraints.
Do you have any medical allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you carry an Epi-pen?
Do you have any food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify

VOLUNTEERING EXPERIENCE

Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for which organisation/s?
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SKILLS & QUALIFICATIONS

Please record details of degrees, diplomas, trade certificates or other educational qualifications and name of institutions

Description	Name of Institution and Country	Completion date

Do you have any other skills, qualifications, or hobbies/interests, etc that might be useful to Outdoors Great Southern that you may wish to use in volunteering?

Do you have any of the following licences or certificates?

Driver's Licence <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, class held <input type="checkbox"/> C <input type="checkbox"/> LR <input type="checkbox"/> MR <input type="checkbox"/> HR <input type="checkbox"/> HC <input type="checkbox"/> MC <input type="checkbox"/> R-E			
<input type="checkbox"/> First Aid Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry: _____	
<input type="checkbox"/> National Police Clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide a copy. If you do not have a current National Police Certificate you may be required to obtain one.</i>	
<input type="checkbox"/> Working With Children Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number:	Expiry date:

INTERESTS

Outdoors Great Southern runs a range of programs, please select those that you are interested in being involved with:

- Children's Outdoor Recreation Programs (Kid's Adventure Club)
- Adult Outdoor Recreation Programs (Skills Development Programs)
- Trail Maintenance (Trail Carers)
- Research & Advocacy (Outdoor Recreation & Trails)

We also have a range of administrative roles that volunteers could assist us with:

- Marketing, Media & PR
- IT and website support
- Administration/Office support
- Fundraising & Sponsorship
- Volunteer support (food preparation, transport, logistics)
- Training & Professional Development

REASONS FOR APPLYING TO BE A VOLUNTEER

Why are you interested in volunteering with Outdoors Great Southern?

AVAILABILITY

How much time do you have to commit to volunteering with us?	<i>For example: 3 hours per week or 1 day per month</i>
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Please tick days and times you are available to volunteer

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before 8am							
8am – 9am							
9am – 12pm							
12pm – 3pm							
3pm – 5pm							
After 5pm							

Are you available at short notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please describe any constraints.</i>
Are you available during School Holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available on Public Holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any times of the year when you are not available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please describe.</i>

DECLARATION

- I understand that I am volunteering my services to Outdoors Great Southern and that I will not receive any wage or salary for those services.
- I understand I may be required to participate in an induction and selection process prior to commencement.
- I will comply with all associated policies and procedures that I am inducted in.
- I understand Outdoors Great Southern reserves the right to terminate my engagement as a Volunteer should I fail to comply with the provisions of the Code of Conduct, relevant legislation and all other policies and procedures that I am inducted in, or otherwise informed I must comply with as a Volunteer for Outdoors Great Southern.
- I understand that as a volunteer I have rights and responsibilities and access to the Outdoors Great Southern Grievance Resolution process.
- I also acknowledge that it is my responsibility to inform Outdoors Great Southern should any of my details or circumstances change that may impact on my volunteer role.
- I also acknowledge that Outdoors Great Southern takes no responsibility for damage to personal vehicles or property in use while volunteering.

I declare that the information I have provided is true and correct.

Applicant's Name:	
Signature:	Date

For applicants under 18 years of age:

I give permission for the applicant to work as a volunteer for Outdoors Great Southern.

Parent/Guardian Name:	
Parent/Guardian Signature:	Date

Thank you for completing the application form. Please note this is an application only and does not guarantee a volunteer position.

Outdoors Great Southern recruits volunteers to meet program needs and the skills and experience requirements as outlined in the role description

Please return completed forms:

Via Post:

Volunteer Coordinator
Outdoors Great Southern
5/22 Collie Street
Albany WA 6330

Via Email:

trail.carers@outdoorsgreatsouthern.org.au