

# VOLUNTEER Application Form



Applicant 1 Name:

Applicant 2 Name:

Staff name

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## YOUR CONTACT INFORMATION

Surname:  First Name:

Previous Surname/s:  D.O.B:  Country of birth:

Mobile:  Work:  Home:

Email:

Address:

Suburb:  Postcode:

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Marital Status: Single  Married  Domestic Partnership  Divorced/ Separated  Widowed

Occupation

Children  Yes  No

Name	Age	Date of Birth	School Year/ Occupation	Living at Home

Referral Source How did you hear about Interchange?

Other Household residents (Relatives/ borders): Yes  No

Name	Age	Date of Birth	School Year/ Occupation	Type (relative/boarder)

Pets: Yes  No

Type (dog/cat/bird etc.)	Name	Age (e.g. puppy, mature)	Inside/Outside	Child Friendly?

What are your Hobbies / Interests?

Transport: Yes  No

Vehicle Type	Plate No.	Registered	Third Party Insurance

Why are you interested in volunteering with Interchange and what do you hope to gain from your volunteering experience?

Do you have previous experience with people with an intellectual disability? Yes  No

How do you think you might be able to assist Interchange in making a positive impact in the lives of the children/ young people participating in our programs? *e.g personal qualities, life experience professional experience*

When do you expect to be available to volunteer?

Weekends

Weekdays

Do you have:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Apply First Aid (Senior)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| A Medicare Card  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Child safe Environments training                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| “Current Child Related Employment Screening” (within last 12 months) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Are you aware of any charges, investigation or care concerns you may have which could preclude you from volunteering with us?

Yes  No

Agreed Conditions- Please tick the following boxes to indicate you have read and agree to the following terms

- In becoming a mentor I will commit to a minimum of 2 catch ups per month of between 4-6 hours.  
I understand and accept
- I understand that a minimum commitment of 12 months to the mentor program is necessary  
I understand and accept

I hereby agree that the information provided by me is correct, accurate and complete to the best of my knowledge.

Applicant 1 signature:  Date:

Applicant 2 signature:  Date:

