



# WESLEY MISSION

## Volunteer Application Form

VF-03

ISSUE 2 - 2/2003  
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CENTRE/PROGRAM:	Office Use
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(please tick boxes where appropriate)

DATE OF APPLICATION:        /        /

TITLE:	GIVEN NAMES:	SURNAME:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De Facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
RESIDENTIAL ADDRESS:		POSTCODE:	<input type="checkbox"/> Male <input type="checkbox"/> Female

PHONE Home:	Work:	Mobile:
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Fax:	E-mail:
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DATE OF BIRTH: / /	AGE:	NATIONALITY: (Passport)	ETHNIC HERITAGE:	AUSTRALIAN VISA STATUS: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study/Work Permit <input type="checkbox"/> Visitor
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LANGUAGES SPOKEN:	
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HEALTH: <input type="checkbox"/> I hold a current Medicare Card        OR <input type="checkbox"/> I have current overseas travel insurance	Office Use
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Do you have any health issues/disabilities which may affect or prevent you from performing particular types of volunteer activities?  
 No     Yes - please give details:

Emergency Contact: Name:	Relationship:	Phone:
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Address:	Postcode:
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<b>ARE YOU CURRENTLY:</b> <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Student <input type="checkbox"/> Home Duties <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (No Gov. benefits) <input type="checkbox"/> Unemployed (Receive Gov. benefits) <input type="checkbox"/> Sickness benefit <input type="checkbox"/> Special Pension <input type="checkbox"/> Overseas Traveller	<b>TRANSPORT:</b> I have my own transport <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PREFERRED LOCATION:</b>	
<b>WHEN ARE YOU AVAILABLE:</b> Weekdays        Weekends <input type="checkbox"/> Day <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Night		<b>DRIVER'S LICENCE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Class:        Expiry:
<b>OCCUPATION/EXPERIENCE: (current and/or previous)</b>			
<b>QUALIFICATIONS/SKILLS/TRADE:</b>			

**INTERESTS & HOBBIES, SPORTING/SOCIAL, COMMUNITY/CHURCH GROUP INVOLVEMENT:**

**VOLUNTEER EXPERIENCE: (current and/or previous)**

**VOLUNTEER SERVICE DESIRED:**

<b>HOW DID YOU HEAR OF WESLEY MISSION:</b> <input type="checkbox"/> Friends/family <input type="checkbox"/> Media <input type="checkbox"/> Volunteering NSW <input type="checkbox"/> Referred by other agency/professional <input type="checkbox"/> Via the internet	The above information is true and correct to the best of my knowledge. I understand that I am applying for a volunteer position and that there is no remuneration either in goods, kind or money whatsoever for my volunteer services. I understand that some "out of pocket expenses" may be reimbursed and this should be discussed with the centre/program manager prior to the commencement of my service. I acknowledge Wesley Mission's Privacy Policy has been made available to me.
<b>REASON FOR VOLUNTEERING:</b> <input type="checkbox"/> Personal development related to work/study/self <input type="checkbox"/> Serving the Community	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">           _____ Signature         </div> <div style="width: 45%; text-align: center;">           _____/_____/_____ Date         </div> </div>

