

## Volunteer Referral Form

 ID Number: 

Thank you for your interest in volunteering. By providing us with the following information, you will help us identify a position that suits your interests, skills, experience, location and availability.

### 1. About You

Full Name			
Street Address			
Suburb		Postcode	
Phone number		Mobile	
Email Address			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Country of Birth		Date of Birth	
I am from a non-English speaking background	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I identify as an Indigenous Australian	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I have a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I live with a chronic illness	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I live with a mental health illness	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I have access to public transport	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I have my own transport vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 2. About Your Experience and Skills

Your current work status		
<input type="checkbox"/> Working - Casual	<input type="checkbox"/> Working – Part Time	<input type="checkbox"/> Working – Full Time
<input type="checkbox"/> Retired	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Studying
<input type="checkbox"/> Home Duties	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Job Seeker
Your work history/background		
<input type="checkbox"/> Business	<input type="checkbox"/> Commercial	<input type="checkbox"/> Professional
<input type="checkbox"/> Trade	<input type="checkbox"/> Labour	<input type="checkbox"/> Other

Your key skills		
•	•	•
•	•	•
•	•	•
•	•	•
You have (or are willing to obtain) any of the following licences or certificates (please tick the ones that apply)		
<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Traffic Check	<input type="checkbox"/> Medical Check
<input type="checkbox"/> National Police Check	<input type="checkbox"/> Working With Children Check	

### 3. Your volunteering experience, availability and interest

I have volunteered before	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what roles?		
I am available on short notice for Special Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I am available on short notice for Emergency Response	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What skills would you like to develop?		
•	•	
•	•	
•	•	
Which areas would you like to volunteer in?		
<input type="checkbox"/> Aged Care	<input type="checkbox"/> Animal Welfare	<input type="checkbox"/> Arts and Culture
<input type="checkbox"/> Community Services	<input type="checkbox"/> Children (6-11)	<input type="checkbox"/> Disability
<input type="checkbox"/> Disaster Relief	<input type="checkbox"/> Drug and Alcohol	<input type="checkbox"/> Early years (0-5)
<input type="checkbox"/> Education and Training	<input type="checkbox"/> Emergency Response	<input type="checkbox"/> Environment
<input type="checkbox"/> Family Services	<input type="checkbox"/> Health	<input type="checkbox"/> Hobby Group
<input type="checkbox"/> Homeless Services	<input type="checkbox"/> Human Rights	<input type="checkbox"/> Indigenous Services
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Migrant Services	<input type="checkbox"/> Museum/Heritage

<input type="checkbox"/> Sport/Recreation	<input type="checkbox"/> Seniors	<input type="checkbox"/> Veteran/Ex Service
<input type="checkbox"/> Young people (12-24)	<input type="checkbox"/> Other (please specify) _____	
I am interested in roles that are available in/on:		
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	

#### 4. Services Australia/Centrelink

I am volunteering as part of Services Australia/Centrelink obligations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a low income earner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My Job Service Provider is		
Services Australia/Centrelink Details		
<input type="checkbox"/> Aged Pension	<input type="checkbox"/> Austudy/Abstudy	<input type="checkbox"/> Carer Payment/Allowance
<input type="checkbox"/> Job Seeker Allowance	<input type="checkbox"/> Parenting Payment	<input type="checkbox"/> Youth Allowance
<input type="checkbox"/> Disability Support Pension	<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Other _____		
Services Australia/Centrelink Category		
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> I need to volunteer _____ hrs per fortnight	

#### 5. Authorisation

I authorise Rockingham Volunteer Centre to release information to member organisations in order to obtain a volunteer position and give consent to my details being entered into their database to be used for volunteering related purposes.

\*If the form is not signed, the Rockingham Volunteer Centre is unable to assist with referrals.

Signature		Date	
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## 6. Referrals

Date	Organisation	Position ID	Consultation*	Outcome
Referring Officer:				

\*Consultation can be:

- T for Telephone
- E for Email
- F for Face to Face/In Person