

ID Number:

Volunteer Referral Form

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.

Contact and background details

Date: _____

Given name: _____ Surname: _____

Residential address: _____

State: _____ Postcode: _____

Phone: _____ Male: _____ Female: _____

Email address: _____

Date of birth: _____ Current age: _____

Have you volunteered before? Yes No

Have you received a Volunteer information sheet? Yes No

Do you have access to transport? Public transport Own car

Your experience, skills and abilities

What is your previous work experience?

What skills would you like to develop?

Do you have/or are willing to get any of the following licences or certificates?

(please tick the options that apply)

Driver's licence (C)(F)(HR)(LR)(MR) Yes No

Traffic check Yes No

Medical check Yes No

National police certificate Yes No

Working with children check Yes No

Are you available (on call or by appointment) for:

Special events Yes No

Emergency response Yes No

Statistical data (the following information is requested for statistical purposes)

Are you from a non-English speaking background? Yes No

What is your country of birth? _____

Are you an Indigenous Australian? Yes No

Do you have a disability? Yes No

Do you have a chronic illness? Yes No

Do you have mental health issues? Yes No

How did you find out about us? _____

What is your current work status? (please tick)

Employee Casual

Part time

Fulltime

Retired

Self employed

Student

Home duties

Unemployed registered

Unemployed

Job seeker

Visitor

What is your work history (please tick)

Business

Commercial

Professional

Trade

Labour

Other

Centrelink details (please tick where applicable)

Aged pension

Austudy

Carer allowance

CDEP payment

Disability pension

Mature age

Allowance

Newstart allowance

Parenting allowance

Service pension

Youth allowance

Other

N/A

Centrelink category (please tick where applicable)

N/A

Work experience phase - 25hrs/week

Work experience phase (other)

Full time – 30hrs/fortnight (55+)

Combination – Volunteering/paid work (55+)

Other (55+)

In what areas would you like to volunteer?
(please tick the options that most interest you)

Indigenous or migrant support

Animal welfare

Arts/culture/heritage

Children/youth/families

Community service

Disability service

Education/mentoring

Emergency service

Environment/conservation

Health/human rights

Recreation

Seniors/aged care

Sport

Are you volunteering as part of a Centrelink obligation? (please tick)

Yes

No

Are you a low income earner (please tick)

Yes

No

Which job service provider are you registered with?

Thank you for completing this form. We may contact you in the next few months to seek your opinion of the standard of service you have received from us and our member agencies during this referral process.

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.

Signature _____ Date _____

Date	Organisation	Position	Consult Type (T, E, F)	Outcome
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes

Referring Officer _____

Rockingham Volunteer Centre
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 Email: volunteering@rockingham.wa.gov.au
 Website: rockingham.wa.gov.au