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.

The City of Rockingham is collecting your personal information to process your application for a volunteer role(s). It may also be used for secondary purposes which would be reasonably expected.

We will share this information with Volunteering WA, in order to process your application. We will also share your full name, email address and phone number with external community organisations you have expressed an interest to volunteer with.

If you choose not to provide your personal information, we will not be able to process the application.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

1. About You

Full Name			
Street Address			
Suburb		Postcode	
Phone number		Mobile	
Email Address			
Gender	☐ Male ☐ Female ☐ Other		
Country of Birth		Date of Birth	
I am from a non-English speaking background		☐ Yes ☐ No	
I identify as an Indigenous Australian		☐ Yes ☐ No	
I have a disability		☐ Yes ☐ No	

I live with a chronic illness	☐ Yes ☐ No
I live with a mental health illness	☐ Yes ☐ No
I have access to public transport	☐ Yes ☐ No
I have my own transport vehicle	☐ Yes ☐ No

2. About Your Experience and Skills

Your current work status		
☐ Working - Casual	☐ Working – Part Time	☐ Working – Full Time
☐ Retired	☐ Self Employed	☐ Studying
☐ Home Duties	☐ Unemployed	☐ Job Seeker
Your work history/background		
☐ Business	☐ Commercial	☐ Professional
☐ Trade	☐ Labour	☐ Other
Your key skills		
•	•	•
•	•	•
•	•	•
•	•	•
You have (or are willing to obtain) any of the following licences or certificates (please tick the ones that apply)		
☐ Driver's Licence	☐ Traffic Check	☐ Medical Check
☐ National Police Check	☐ Working With Children Check	

3. Your volunteering experience, availability and interest

I have volunteered before	☐ Yes ☐ No
If yes, what roles?	
I am available on short notice for Special Events	☐ Yes ☐ No
I am available on short notice for Emergency Response	☐ Yes ☐ No

What skills would you like to develop?		
•	•	•
•	•	•
•	•	•

Which areas would you like to volunteer in?		
☐ Aged Care	☐ Animal Welfare	☐ Arts and Culture
☐ Community Services	☐ Children (6-11)	☐ Disabillity
☐ Disaster Relief	☐ Drug and Alcohol	☐ Early years (0-5)
☐ Education and Training	☐ Emergency Response	☐ Environment
☐ Family Services	☐ Health	☐ Hobby Group
☐ Homeless Services	☐ Human Rights	☐ Indigenious Services
☐ Mentoring	☐ Migrant Services	☐ Museum/Heritage
☐ Sport/Recreation	☐ Seniors	☐ Veteran/Ex Service
☐ Young people (12-24)	☐ Other (please specify)	

I am interested in roles that are available in/on:				
☐ Morning	☐ Afternoon	☐ Evening	☐ Weekdays	☐ Weekends

4. Services Australia/Centrelink

I am volunteering as part of Services Australia/Centrelink obligations	☐ Yes ☐ No
I am a low income earner	☐ Yes ☐ No
My Job Service Provider is	

Services Australia/Centrelink Details		
☐ Aged Pension	☐ Austudy/Abstudy	☐ Carer Payment/Allowance
☐ Job Seeker Allowance	☐ Parenting Payment	☐ Youth Allowance
☐ Disability Support Pension	☐ Not Applicable	
☐ Other		

Services Australia/Centrelink Category	
☐ Not Applicable	☐ 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	

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