

Volunteer Application Form

The information asked of you on this form will help us to become familiar with you and your interests.
This information is kept on file for record purposes only.

Title:	First Name:	Surname:	Date:
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Home Address:	
Suburb:	Postcode:
Postal Address: (if different from home address)	
Suburb:	Postcode:

Phone (home):	Mobile:
Email:	

Country of Birth:
Languages Spoken:

In case of emergency please contact:		
Title:	First Name:	Surname:
Relationship:	Contact Number:	

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Please list any skills, training and qualifications

Have you volunteered before? If yes, where and what did you do

Do you have a current Victorian driver's license?

YES NO (please circle one)

License number:	Expiry Date:
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Do you have your own transport?

YES NO (Please circle one)

Please write in the times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

How did you find out about the Volunteering at SMRC?

Website:	Brochure/Flyer:	Current Volunteer:	Other:
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Prior to commencement a current COVID-19 Vaccination Status, Police Check, Statutory Declaration and a Working with Children's Check will be required.

Would you agree to provide a copy of your COVID-19 Vaccination Status (Please tick)

Yes No

Would you agree to participate in a police check? (Please tick)

Yes No

Do you have a Working with Children's Check? (Please tick)

No Yes Number: _____ Expiry Date: _____

Would you agree to sign a Statutory Declaration? (Please tick)

Yes No

References: Please provide at least two names of referees who are **not** family members.

1.Name:	Phone Number:
Relationship:	
2.Name:	Phone Number:
Relationship:	

The information I have provided is correct at the time of my application.

Signature of applicant

Date

Please send your application to:

Volunteer Coordinator, SMRC, 39 Clow Street, Dandenong, 3175 or

Email to volunteer4smrc@smrc.org.au

Phone: (03) 9767 1900