



Noah's
EVERY CHILD
EVERY OPPORTUNITY...

VOLUNTEER APPLICATION FORM

First Name: Surname: M/F

DOB:

Address:

Suburb: Postcode:

Email:

Home phone: Mobile phone:

Emergency Contact: Phone:

Working With Children Check (WWCC) No:

Expiry Date:

How did you hear about Noah's Inclusion Services? (Please tick ONE box)

- Previous interview
- Word of Mouth
- Special event
- Friend/family member
- Organisation website
- Employer organisation
- Other: (please specify)

What is your current work status? (Please tick ONE box)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Full Time Worker | <input type="checkbox"/> Retired | <input type="checkbox"/> Home duties |
| <input type="checkbox"/> Part Time Worker | <input type="checkbox"/> Income support | <input type="checkbox"/> Student |
| <input type="checkbox"/> Traveller/visitor | | |

Do you identify with one (or more) of the following groups? (If YES - Tick, If NO - leave blank)

- Disabilities
- Non English speaking background (CALD)
- Aboriginal and/or Torres Strait Islander
- None of the above
- Other (please specify)

What is your primary motivation for volunteering? (Please tick ONE box)

- | | |
|---|--|
| <input type="checkbox"/> Help others/give back to the community | <input type="checkbox"/> Using skills/learning new skills |
| <input type="checkbox"/> Personal satisfaction | <input type="checkbox"/> Gain work experience/reference |
| <input type="checkbox"/> To be active/keep busy | <input type="checkbox"/> Build confidence/self esteem |
| <input type="checkbox"/> Social Interaction | <input type="checkbox"/> Make a difference |
| <input type="checkbox"/> Centrelink/Job Network referrals | <input type="checkbox"/> Explore/engage in areas of interest |
| <input type="checkbox"/> Recommended by someone else | |

What types of volunteer work are you interested in?

.....

.....

.....

Are you interested in volunteering for special events/projects?

eg fundraising days, cultural and sporting events, festivals, fun runs

- Projects Type:
- Events Type:

Availability: Mon Tues Wed Thurs Fri Weekends

Volunteer Experience

What is your general work history?

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.....

.....

What skills, experience or qualifications do you wish to contribute to volunteering?

.....

.....

.....

How would you describe your skill level? (eg basic, intermediate, advanced)

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.....

.....

Do you speak any language other than English? No Yes - specify

Level of proficiency Written Basic Intermediate Advanced

Spoken Basic Intermediate Advanced

Have you done voluntary work before? If yes, what kind and for what organisation?

.....
.....

Do you have a condition or circumstances that would affect the sort of volunteer work you choose?

.....
.....

To which locations or suburbs can you travel to volunteer?

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.....

Any other information you would like Noah's Inclusion Services to know?

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.....
.....

Referees - please provide the name and contact number of two people who are willing to act as referees for you and who have known you either personally or professionally for at least 12 months.

Referee 1 Contact number

Referee 2 Contact number

Signed

Print Name

Date:



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VOLUNTEER CONFIDENTIALITY FORM

All volunteers are required to sign this form

As a volunteer with Noah's Inclusion Services, you are requested to maintain confidentiality regarding the children and families with whom you are working.

Any disclosure of information that could prove detrimental to client privacy will result in termination of your services as a volunteer.

I, _____ have read the above statement and understand that all information regarding Noah's Inclusion Services service or consumers is confidential.

Signed: _____

Date: _____

Witnessed: _____

Noah's Ark Centre of Shoalhaven Inc

Nowra: Building 303, George Evans Road (PO Box 284), , NSW, 2541 Ph: 4423 5022 Fax: 4422 5156 Email: nowra@noahsark.nsw.edu.au
Ulladulla: 158 Green Street (PO Box 432), Ulladulla, NSW, 2539 Ph: 4455 1318 Fax: 4454 2924 Email: ulladulla@noahsark.nsw.edu.au
www.noahs.org.au