



Volunteer Application

Mr / Mrs / Ms / Miss

First name _____ Last name _____

Gender Male / Female

Address _____

Suburb _____ Postcode _____

Phone Home _____ Mobile _____

e-mail _____ @ _____

Date of birth _____ / _____ / _____

How well do you speak English? Very well / Well / Okay / Not very well / Not at all

How well do you read and write English? Very well / Well / Okay / Not very well / Not at all

Do you speak a language other than English? _____

Occupation (current and/or previous) _____

What skills do you have to offer Dallas Neighbourhood House?

- | | |
|---|--|
| <input type="checkbox"/> Office Admin | <input type="checkbox"/> Computer – basic |
| <input type="checkbox"/> Telephone / reception | <input type="checkbox"/> Computer – advanced |
| <input type="checkbox"/> Representing an organisation | <input type="checkbox"/> Facilitation / teaching |
| <input type="checkbox"/> Committee of Management | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Filing & photocopying | <input type="checkbox"/> Tutor support |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Children’s activities |
| <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Other _____ |

How much time are you able to offer each week? (Please list days and times available)

Interests / hobbies _____

Have you volunteered before? If so, where? _____

Why do you wish to volunteer at Dallas Neighbourhood House? _____

Do you have a disability or special needs we should know about? Yes / No
If yes, please indicate:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Mobility | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Psychiatric | |

How will you travel to Dallas Neighbourhood House?

- | | | |
|--------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Car | <input type="checkbox"/> Bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Train | <input type="checkbox"/> Walk | <input type="checkbox"/> Other _____ |

Emergency contact details

In case of emergency:

Name of doctor / clinic _____ Telephone _____

Person (family/friend) to contact _____ Telephone _____

Relationship to you _____

Allergies or relevant medical history _____

Current medication or treatment _____

Medicare number _____

Ambulance membership number _____

Health care card number _____

Any other information we need to know in case of emergency? _____

I authorise a representative from Dallas Neighbourhood House to seek outside medical assistance, in case of emergency.

I understand that I am bound by the privacy policy of Dallas Neighbourhood House. I will not disclose confidential personal or documented information to another party.

Signed _____ Date _____