



Dallas Neighbourhood House

VOLUNTEER APPLICATION FORM

FOOD PARCEL PROGRAM HANDLING & LOGISTICS

Personal Details			
First Name		Surname	
Gender		Date of Birth	
Address			
Home Phone		Mobile Phone	
Email			
Language(s) spoken			
Emergency Contact Details			
Name		Relationship to you	
Phone 1		Phone 2	
Occupation			
Employed	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual
	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed	
Studying	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	
Name of Employer			
Job Title / Description			
Course of Study			
What skills do you have			
Volunteering Experience			
Have you volunteered before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Where did you volunteer			
What did this involve			

Suitability for Role	
Tell us why you want to volunteer	
Do you have a disability or any special needs we should know about or which may impact on your ability to perform this role?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe	
Are you available on Tuesdays 9am-11am	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available on Thursdays 9am – 3pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you commit to this role for a period of at least six months	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to undergo a Police Check at DNH’s expense	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referee Details (please provide details of two referees)	
First Name	Surname
Relationship to You	Phone
First Name	Surname
Relationship to You	Phone
Consent and Declaration	
<input type="checkbox"/> I give <input type="checkbox"/> I do not give permission for Dallas Neighbourhood House to use photographs or images of me for promotional and marketing purposes. The Dallas Neighbourhood House uses information contained in this form for reporting, statistical and planning purposes. All identifying data is removed prior to use. A copy of our Information Collection Statement and Privacy Policy will be made available upon request. <i>I understand that the Dallas Neighbourhood House collects and maintains information in accordance with the Victorian Privacy Act 2000.</i> <i>I declare that the information I have provided on this form is true and correct.</i>	
Signature _____	Date _____