



Welcome to Dallas Neighbourhood House

VOLUNTEER APPLICATION (including students on placements)

Mr / /Mrs / Miss / Ms

First name _____ Surname _____

Male Female Date of Birth _____

Address _____

Suburb _____ Postcode _____

Phone Home _____ Mobile _____

Email _____@_____

What language do you speak at home? _____

Do you speak a language other than English? _____

Occupation (Current or previous) _____

What skills have you to offer Dallas Neighbourhood House?

- | | | |
|--|--|--|
| <input type="checkbox"/> Office admin. | <input type="checkbox"/> Computer | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public forums & events | <input type="checkbox"/> Newsletter production |
| <input type="checkbox"/> Children's activities | <input type="checkbox"/> Committee of Management | |
| <input type="checkbox"/> Classroom assistance | <input type="checkbox"/> Other _____ | |

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

Mon _____ Tues _____ Wed _____ Thurs _____

Interests / Hobbies _____

Have you volunteered before? If so where? _____

Why do you wish to volunteer for Dallas Neighbourhood house?

Do you have a disability or any special needs we should know about? Yes / No

If yes, please indicate below.

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

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 _____ |

Do you give permission for us to take your photo for promotional use? Yes / No

EMERGENCY CONTACT DETAILS (CONFIDENTIAL)

Person to contact in an emergency _____

Contact phone numbers _____

Relationship to you _____

Allergies or relevant medical history _____

Medicine or treatment Yes / No Medication name & dosage _____

Medicare number _____

Ambulance membership Yes / No Number _____

Health care card number _____

Doctor _____

Clinic _____ Telephone _____

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

I agree to abide by the aims, objectives, principles and procedures of Dallas Neighbourhood House, and authorise the responsible person to seek ambulance, medical or hospital services

Name _____

Signature _____

Date _____

Witnessed by

Name _____

Signature _____



VOLUNTEER INDUCTION CHECKLIST

Name _____

Commencement Date _____ / _____ / _____

- Welcome and tour of Dallas Neighbourhood House
- Application form completed
- Volunteers' handbook issued
- Timesheet book location
- Confidentiality agreement signed
- Police records check authority completed
- Working with Children clearance
- Duties discussed, PD provided if relevant
- O H & S requirements
- Relevant policies
- Policy & procedures manual location
- Photocopier instruction
- Professional development / training available
- Other _____

Tasks allocated _____

Induction completed

Volunteer's signature _____ Date _____

Coordinator's signature _____ Date _____

Exit

Completion date of volunteering at Dallas Neighbourhood House _____

Reason for leaving _____
