

Volunteer Application Form

All information on this application form will be treated as private and kept confidential.



Contact Details (PLEASE PRINT)

First Name		Family Name	
Address			
Suburb		State	Postcode
Daytime Phone		Email	
Mobile			
Church <small>(IF RELEVANT)</small>			Date of Birth

Who can we contact in the event of an emergency?

Name		
Address		
Suburb		State Postcode
Telephone		Mobile
Relationship of this person to you		

IF YOU WISH TO OFFER A SECOND CONTACT, PLEASE ADD THEIR DETAILS.

Name		
Address		
Suburb		State Postcode
Telephone		Mobile
Relationship of this person to you		

If you are under 18 years of age

Does your parent/guardian give consent for you to volunteer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(BEFORE THE START OF ANY VOLUNTEERING WE WILL REQUIRE SIGNED WRITTEN CONSENT AND THE ABILITY TO CONTACT YOUR PARENT/GUARDIAN IF NEEDED.)

Employment Information

Previous/current occupations:

What experience/qualifications do you have? (PLEASE ALSO SUPPLY A CV IF AVAILABLE)

Have you volunteered before? Yes No

If so, please describe your previous/current volunteering experience:

Which department are interested in working in (TICK PREFERENCE)

- | | | |
|---|--|--|
| <input type="checkbox"/> Supporter Engagement | <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> IT |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Administration | <input type="checkbox"/> Governance |
| <input type="checkbox"/> Marketing & Communications | <input type="checkbox"/> Finance | <input type="checkbox"/> Human Resources |

What type of work tasks do you prefer?

- | | | |
|---|---|---|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Filing Documents | <input type="checkbox"/> Proofreading/Editing |
| <input type="checkbox"/> Phone Support | <input type="checkbox"/> Administration | <input type="checkbox"/> Research |
| <input type="checkbox"/> Other- Please Specify: | | |

Why are you interested in a volunteer position at Baptist World Aid Australia?

How did you find out about volunteering with us?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Centre for Volunteering | <input type="checkbox"/> Seek/ Go Volunteer | <input type="checkbox"/> BWAA website |
| <input type="checkbox"/> University website | <input type="checkbox"/> Social Media | <input type="checkbox"/> Good Company |
| <input type="checkbox"/> Other- Please Specify: _____ | | |

What is your availability? (DAYS, TIMES, FREQUENCY, HOW MANY HOURS PER WEEK)

What length of time you expect to volunteer for? (EG. 6 MONTHS, 1 YEAR, OR ONGOING)

Please provide a referee/contact person for an organisation you have volunteered for (or another referee if you haven't volunteered before):

Name _____

Organisation _____

Telephone (w/h) _____ Mobile _____

Email _____

Please provide an employment and/or church related referee:

Name _____

Organisation _____

Telephone (w/h) _____ Mobile _____

Email _____

General Notes

Child Safe Organisation

Baptist World Aid Australia is a child safe organisation and all employee and volunteer staff are required to read, understand and sign our Child Safe Code of Conduct.

All employed and volunteer staff are required to provide authorisation for a National Criminal History check.

Will you be bringing a car to work?

Yes

No

If so, please complete the following details:

Car Number Plate

Car Brand

Car Colour

Car Model

Medical Information

(IT IS NOT COMPULSORY THAT YOU COMPLETE THIS PART OF THE FORM, AS WE DO NOT WISH TO INVADE YOUR PRIVACY, HOWEVER IT IS IMPORTANT THAT WE KNOW HOW TO ASSIST YOU IN THE EVENT OF AN EMERGENCY).

Do you have any health conditions of which we should be aware

Yes

No

IF YES, PLEASE PROVIDE DETAILS BELOW OF ANY ACTION THAT SHOULD BE TAKEN TO ASSIST YOU IN THE EVENT OF AN EMERGENCY OCCURRING WHILE YOU ARE IN THE OFFICE.

Your name

Medical condition/s

Current medication

Any allergies

(INCLUDING MEDICATION/S)

Your doctor

Telephone

Instructions in the event of an emergency

Baptist World Aid Australia Locked Bag 2200, North Ryde NSW 1670 Australia

Phone: 1300 789 991 **International:** +61 2 9451 1199 **Fax:** +61 2 9889 5151

Email: volunteers@baptistworldaid.org.au

Baptist World Aid Australia Ltd. ABN 86 164 099 736

www.baptistworldaid.org.au