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| **C5.35 Volunteer Application Form** |
| Thank you for your interest in BYS and for offering your services as a volunteer. The information in this form will help us to select volunteers and ascertain the most suitable position for you.  |
| All information provided on this form will be treated as strictly confidential. Please email your completed form to admin@brisyouth.org |
| Name: |  | Date of Birth: |  |
| Gender: | [ ]  Female | [ ]  Male | Place of Birth: |  |
| Address: |  |
|  | Postcode: |  |
| Phone: | Home: |  | Work: |  | Mobile: |  |
| Email: |  |
| What is the best way to contact you during office hours? | [ ]  home phone | [ ]  work phone | [ ]  mobile |
| [ ]  email | [ ]  letter in the post |
| How did you hear about volunteering at BYS? | [ ]  Go Volunteer | [ ]  Seek Volunteer |
| [ ]  Volunteering Qld | [ ]  BYS Website |
| [ ]  BYS publication | [ ]  Radio / TV / Newspaper |
| [ ]  BYS staff  | [ ]  Friends / Family |
| [ ]  Other: (please specify) |
| What is your current status? | [ ]  Full time work | [ ]  Full time student | [ ]  A job seeker |
| [ ]  Part time / casual work | [ ]  Part time student | [ ]  On income support |
| [ ]  Traveller / visitor | [ ]  Retired | [ ]  Home duties |
| Do you identify as any of the following? | [ ]  Person with a disability | [ ]  Torres Strait Islander person |
| [ ]  Aboriginal person | [ ]  Person from non-English speaking background |
| What are your primary motivations for volunteering (tick a maximum of three) | [ ]  Help others / give back to community | [ ]  Social interaction / meeting people |
| [ ]  Centrelink / Job Network referral | [ ]  Using skills / learning new skills |
| [ ]  Lifestyle choice /reduce stress | [ ]  Gain work experience / reference |
| [ ]  To be active / keep busy | [ ]  To make a difference |
| [ ]  Explore/engage in areas of interest | [ ]  Build confidence/self esteem |
| [ ]  Practising English | [ ]  Encouraged by others |
| [ ]  Other (please specify): |
| Are you applying for an advertised volunteer role? | [ ]  Yes | If yes, which role? |  |
| [ ]  No | Where did you see it advertised? |  |
| What types of volunteer work are you interested in doing? You can tick more than one. | [ ]  Fundraising – administration | [ ]  Fundraising - promotions |
| [ ]  Fundraising development | [ ]  Events assistant |
| [ ]  Donor management / database | [ ]  Stock management / sorting |
| [ ]  Research  | [ ]  Transport / pick up stock |
| [ ]  General BYS admin duties | [ ]  Working with young people |
| [ ]  Other (please specify): |
| List your three top interests and hobbies? | 1. |
| 2. |
| 3. |
| List your three top skills can you contribute as a volunteer? | 1. |
| 2. |
| 3. |
| Do you have any tertiary qualifications that would be relevant? If yes, please provide details: |  |
|  |
|  |
| Do you have any work experience that would be relevant? If yes, please provide details: |  |
|  |
|  |
| Have you done voluntary work before? | [ ]  Yes | If yes, what did you do: | Which organisation(s): |
| [ ]  No |
| Is English your first language | [ ]  Yes | If no, please specify your first language: |
| [ ]  No |

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| Would you say your level of proficiency in speaking English is: | [ ]  Low (only a little English) | [ ]  Basic | [ ]  Intermediate | [ ]  Advanced |
| Would you say your proficiency in writing in English is: | [ ]  Low (only a little English) | [ ]  Basic | [ ]  Intermediate | [ ]  Advanced |
| Do you have any health condition(s) or circumstances that would limit your ability to take on certain roles? | [ ]  Yes | If yes, please specify: | Please note, this information is used only to determine an appropriate role for you that will not impact on your condition. |
| [ ]  No |
| Do you have a Queensland driver’s licence? | [ ]  Yes | If yes, do you have access to a vehicle that you can use while volunteering? | [ ]  Yes |
| [ ]  No | [ ]  No |
| Do you have a Blue Card for working with children? | [ ]  Yes | If yes, what is the expiry date on your Blue Card? |  / / |
| [ ]  No |
| Volunteer applicants must be willing to apply for a Blue Card if they decide to become a BYS volunteer – no cost involved. Should you be granted an interview please bring in the relevant ID to be copied – details are outlined on Page 3 of the Blue Card Application Form at the following website: <https://www.bluecard.qld.gov.au/pdf/forms/DJAG001-BC-Blue-card-application.pdf> |
| How frequently can you volunteer? | [ ]  Twice a week | [ ]  Once a month |
| [ ]  Once a week  | [ ]  For special events |
| [ ]  Once a fortnight | [ ]  Other: |
| Which days and times below would you like to volunteer: |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Actual times available (e.g. 9am – 11:30 am) |  |  |  |  |  |  |  |
| Are there any periods you are not available (e.g. school holidays etc) |  |  |  |  |  |  |  |
| Please provide the details for an emergency contact person | Name: |  |
| Address: |  |
|  |
| Phone: | Home: | Work: | Mobile: |
| Email: |  |
| **Referees: Please provide two referees who would be prepared to provide a referee report for you to verify your suitability to take on the volunteer role with BYS:** |
| Referee 1 | Name: |  | Position: |  |
| Organisation: |  | Phone: |  |
| Email: |  |
| Referee 2 | Name: |  | Position: |  |
| Organisation: |  | Phone: |  |
| Email: |  |
| Applicant’s signature: |  | Date: |  |

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| OFFICE USE ONLY: Checklist Current Blue Card sighted: Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s Licence sighted: Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other ID signed (if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ References received: [ ] Yes[ ] NoInterview: [ ] Yes[ ] No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_Accepted: [ ] Yes[ ] No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_Outcome letter sent: [ ] Yes[ ] No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_Attended induction / orientation: [ ] Yes[ ] No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  |

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| **Name of supervisor:** |  |
| **Signature:** |  | **Date:** |  |