|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto: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 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | |  | | |

|  |
| --- |
| OFFICE USE ONLY: Checklist Current Blue Card sighted: Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Driver’s Licence sighted: Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other ID signed (if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  References received: YesNo  Interview: YesNo Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  Accepted: YesNo Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  Outcome letter sent: YesNo Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  Attended induction / orientation: YesNo Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ |

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