



Quercus Beechworth

Volunteer Application Form

Thank you for your interest in volunteering with the Quercus Beechworth. Volunteers are an important part of our organisation with many opportunities for volunteering throughout the service.

In order for us to ensure your volunteering experience is a positive one that meets both yours and our needs, it is important that we gain an understanding of your knowledge, skills, experience and interests. We therefore ask that you complete the following application.

The information contained in this questionnaire will be used as the basis for discussion regarding your volunteer role in the immediate sense. It will also be added to our volunteer database that is used to identify possible volunteers for future activities and to evaluate our volunteer program. All information is considered private and confidential and the use of this information will comply with the Victorian privacy legislation.

SECTION ONE: VOLUNTEERING WITH US			
Please tick the area you interested in volunteering in			
Quercus Bookshop	<input type="checkbox"/>	Our Community OP Shop	<input type="checkbox"/>
Community Sharing Feast	<input type="checkbox"/>	Q Pizza	<input type="checkbox"/>
Quercus Garden	<input type="checkbox"/>	Repair Cafe	<input type="checkbox"/>
Be Connected	<input type="checkbox"/>	Other:	<input type="checkbox"/>
How did you hear about Quercus Beechworth?			
Why are you interested in volunteering at Quercus Beechworth?			
What would you like to gain from volunteering?			

SECTION TWO: YOUR PERSONAL DETAILS

Full Name:		
Preferred name: (If Applicable)		Date of Birth: / /
Home Address:		
Town/City:	State:	Postcode:
Postal Address (If different from Above)		
Telephone (Home):		Mobile:
Email address:		
Emergency Contact:	Name:	Home Number:
	Relationship:	Mobile Number:
Do you hold a current drivers licence: YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have a current First Aid Certificate: YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid working with Children Check: YES <input type="checkbox"/> NO <input type="checkbox"/>		Expiry Date: / / WWC Check Number:
If you have a medical condition or disability, how can we assist you to undertake a volunteer role at Quercus Beechworth		

SECTION THREE: YOUR SKILLS AND EXPERIENCE

Have you been a volunteer before? If YES, please specify		YES <input type="checkbox"/> NO <input type="checkbox"/>
Volunteer role	Organisation	Period of Time

SKILLS AND QUALIFICATIONS
Other skills/experience (Admin, Customer service, IT, mentoring, PR, teaching etc)

AVAILABILITY			
Days	Morning	Afternoon	Other times
Monday	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	
How often would you like to be rostered?			
<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> After hours			

ELIGIBILITY	
Are you willing to participate in the appropriate training supplied by Quercus Beechworth to support your volunteer role?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A legal requirement for adults volunteering for a not for profit organisation is that they undergo a national police check	
Are you willing to undergo a National Police Check?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If required, are you willing to undergo a Working with Children Check (WVC)?	YES <input type="checkbox"/> NO <input type="checkbox"/>

REFERENCE CHECKS (Please provide contact details of 2 referees)		
Referee Contact 1:	Name:	Home Number:
	Relationship:	Mobile Number:
Referee Contact 2:	Name:	Home Number:
	Relationship:	Mobile Number:

ACKNOWLEDGMENT	
Please read each statement below and tick that you have read and understand the statements.	I have read and understood
A volunteer's role is unpaid. Reimbursement for out of pocket expenses may be considered in some circumstances	YES <input type="checkbox"/> NO <input type="checkbox"/>
Quercus will need to assess that you are suitable for the role. This may include (but not limited to) an interview, reference check and police checks.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Quercus Beechworth's Personal Accident and Public Liability Insurance protects volunteer workers, registered with Quercus Beechworth in the event of any accident or injury caused to a person whilst performing authorised volunteer duties	YES <input type="checkbox"/> NO <input type="checkbox"/>
I, give my permission for photographs or videos taken of me while volunteering to be used by Quercus Beechworth for promotional purposes	YES <input type="checkbox"/> NO <input type="checkbox"/>
I have read the volunteers rights and responsibilities	YES <input type="checkbox"/> NO <input type="checkbox"/>
I shall respect the rights, feelings and property of all others associated with Quercus Beechworth	YES <input type="checkbox"/> NO <input type="checkbox"/>
I shall abide by all the policies and procedures of Quercus Beechworth	YES <input type="checkbox"/> NO <input type="checkbox"/>

CONFIRMATION

I confirm that the information contained on this form is true, correct and current.

Signature _____ Date _____

OFFICE USE ONLY			
Area(s) to volunteer			
Interview		Induction date	
Police Check	Sent:	Received:	