



NEIGHBOUR CONNECTIONS INC. VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

First Name:				Surname:			
Street & Suburb:							
						P/Code:	
Sex:				Date of Birth:			
Phone Number:				Nationality:			
Home #		Work #		Mobile #			
Fax #		Email:					
Languages Spoken:							
Do you have any health issues/disabilities that may prevent you from performing particular types of volunteer tasks? Yes (give details) <input type="checkbox"/> No <input type="checkbox"/> Eg. Unable to manage wheelchair due to back problems.							

NEXT OF KIN EMERGENCY CONTACT DETAILS

First Name:				Surname:			
Address:							
						P/Code:	
Phone Numbers:				Relationship:			
Home #		Work #		Mobile #			

OTHER DETAILS

Are you currently: <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student <input type="checkbox"/> Home duties <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Sickness benefits <input type="checkbox"/> Overseas travel Qualifications/skills/trade:	Transport <table style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>I have my own car</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>I have a Driver's Licence</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Licence Number:</td> <td></td> <td></td> </tr> <tr> <td>Class:</td> <td></td> <td>Exp Date:</td> </tr> </table> <table style="width: 100%;"> <tr> <td>I have full comprehensive insurance</td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Name of Insurance:</td> <td></td> <td></td> </tr> <tr> <td>Policy. No:</td> <td></td> <td></td> </tr> <tr> <td>Expiry Date:</td> <td></td> <td></td> </tr> </table>		Yes	No	I have my own car	<input type="checkbox"/>	<input type="checkbox"/>	I have a Driver's Licence	<input type="checkbox"/>	<input type="checkbox"/>	Licence Number:			Class:		Exp Date:	I have full comprehensive insurance	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Name of Insurance:			Policy. No:			Expiry Date:		
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Volunteer Experience (current and/or previous)																															
Interests & hobbies, Sporting/social, community/church group involvement etc.,																															

How did you hear about NC Inc.		Reason for volunteering	
Friends/Family		Work/study related	
RICHSS brochure		Personal development	
Newspaper or radio		Serving the community	
NSW Volunteer Centre		Other	
Referred by			
Other			

Preferred Volunteer Position	Volunteer Availability – days and times

Reference Check

Referee 1. Name		Phone (office hours)	
Relationship/Title			
Referee 2. Name		Phone (office hours)	
Relationship/Title			

- The information provided is true and correct to the best of my knowledge.
- I understand that I am applying for a volunteer position and that there is no remuneration, either in goods, kind or money for my service.
- I understand that some “out of pocket” expenses may be reimbursed to my bank A/C and this should be discussed with the Volunteers’ Coordinator prior to the commencement of my services.
- A/C Name:.....
Bank:..... BSB:..... A/C No:.....
- **I agree to comply with the Policies and Procedures of NC Inc. and to keep the service informed of my volunteer work on a monthly basis**
- I have no objection to NC Inc. conducting a police check and I am willing to sign a consent form to that effect. My place of birth is _____

Signature

Date

Office Use only

Training Attended:		
Preferred Volunteer Position:	Dates:	Interview Date: Start Volunteering Date:
		Interviewed by: