

## Volunteer Application Form

### 1. Applicant Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Work Background & Interests

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### 3. Details of any special training or experience: *(please tick)*

<input type="checkbox"/>	Office work	<input type="checkbox"/>	Interpreting
<input type="checkbox"/>	Telephone / reception	<input type="checkbox"/>	Car / bus driving
<input type="checkbox"/>	Serving the general public	<input type="checkbox"/>	Art / craft skills
<input type="checkbox"/>	Public relations	<input type="checkbox"/>	Writing newsletters
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Business management
<input type="checkbox"/>	Community service	<input type="checkbox"/>	Chairing meetings
<input type="checkbox"/>	Welfare / social work	<input type="checkbox"/>	Accounts / finance
<input type="checkbox"/>	Counselling	<input type="checkbox"/>	Board / Committee membership
<input type="checkbox"/>	Nursing	<input type="checkbox"/>	Other
<input type="checkbox"/>	Teaching	<input type="checkbox"/>	

**4. What interests you about volunteering?**

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**5. Have you volunteered before, or are currently volunteering with any other organisation(s)?**

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**6. How did you find out about volunteering opportunities at the Lower Mountains Neighbourhood Centre?**

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**7. Is there a particular position or service that you are interested in?**

Front Desk office / reception (FD)	Membership of LMNC Board (LMNC_B)
Driver: Bus Driver for fortnightly shopping buses and/or 3-monthly social bus outings (BD)	Membership of No Interest Loans Scheme Assessment Committee (NILS®)
Bus hosts or helpers (BH)	Other <i>(please describe)</i>
Driver: Medical transports (assist and transport frail clients to medical appointments in own car) (MT)	
Family support work (FW)	<b>Volunteer Home Visitors:</b>
Youth / children support work (YW) or Mentoring programs (MTP)	Home visiting and social support for people who are frail-aged or who have a disability, and their carers (VHV1)
Fundraising events assistance (FE)	Home Library Service (VHV2)
Fundraising generally (F)	One-to-one shopping assistance (VHV3)

**8. What skills and personal qualities would you bring to our organisation?**

Examples of 'skills' might be good organisational skills, budgeting skills, good phone manner; examples of 'qualities' might be that you are a good listener, that you are patient, or good-humoured, or honest, empathic, and so on.

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**9. What days and times are you available?**

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**10. If we are able to offer you volunteering opportunities at LMNC, are you willing to make a regular commitment to LMNC to offer your services?**

**Are there any limitations to your availability that we should know about now?**

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**11. Referees: please provide the name and telephone contact for two referees:**

Referee (1): Name: ..... Telephone: .....

Referee (2): Name: ..... Telephone: .....

**Signed:** .....

**Date:** .....

