## Beauaraba Living **VOLUNTEER APPLICATION**



PERSONAL DETAILS										
Surname:										
First name:	Preferred Name:									
Address:										
<b>Gender</b> (Please circle)	Male	Fem								
Age Group:										
	Under 18	18-25	26-40	41-55	56-64	65+				
(Please circle) If under 18, Guardian's Name & Signature for consent to apply to Volunteer:										
in under 10, Quardian's Manie & Signature for consent to appry to Volunteer.										
Home Phone	Iome Phone: Mobile phone:									
Email Addre	ess:									
0	•	<b>/ •</b>								
Occupation or previous occupation:										
Interests:										
Interests.										
Special skills	or abilities: ()	E.g. Good lis	tener, art v	work, mus	ical talent	s etc.)				
Do vou ident	tify as one (or n	nore) of the f	ollowing g	roune? (DIA)	ise circle					
Do you idem	iny as one (or n	nore) or the r	onowing gi	oups. (1 let	ise circie)					
Disabled	Non English Speaking Background (CALD)					ndigenous				
Do you hoyo	any condition	on airaumsta	noos that w	ould offer	t the cont	of				
Do you have any condition or circumstances that would affect the sort of volunteer work you do?										
volunteer we	nk you uo.									
Which areas are you interested in volunteering? (Please circle)										
Op Sl	hop Activiti	es With Resid	ents Oth	er (please	give detail	s)				

Availability													
<b>Days and times you are available to volunteer:</b> (please tick the appropriate boxes)													
Moi	nday	Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
VOLUNTEER DECLARATION													
<ul> <li>I hereby apply to become a volunteer at Beauaraba Living.</li> <li>If accepted as a volunteer, I agree to work within the delegation of a Volunteer and to abide by the mission &amp; values of Beauaraba Living, the handbook and relevant policies and procedures.</li> <li>Any gratuity which I may receive on application for travelling, meals, dry cleaning or any other out of pocket expense is in no way considered a wage, an hourly rate or any other form of payment for voluntary work done.</li> <li>I certify that I have never been convicted of an indictable offence and consent to a police check.</li> </ul>													
Applicant's SignatureBL - Leadership Team Member							•						
Date						Date							
OFFICE USE ONLY													
Schedule (e.g. day / time):													
Specific delegated duties (e.g. activities / transport)													
Start date:						En	End date:						
□ New Volunteer □ Re-Volunteer □ Hold on file													
□ Application declined													