

# 11. VOLUNTEERS



## 11.1.06 JESUIT SOCIAL SERVICES APPLICATION FORM - VOLUNTEER POSITION

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

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

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

Phone: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ M

Contact in case of emergency: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Age group (please indicate):

Up to 19 yrs       20 – 24 yrs       25 – 34 yrs       35 – 44 yrs

45 – 54 yrs       55 – 64 yrs       65 – 74 yrs       75 yrs +

Employment History:

Employer	Occupation	Dates	Referee/Phone #:

Academic Qualifications:

Qualification/Major	Institution	Year

Interests/Skills/Hobbies:

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Previous voluntary work:

Organisation	Type of work	Dates	Referee(s)

- Do you have your own transport? Yes  No
- Is the vehicle insured: Yes  No
- Do you hold a current driver's licence? Yes  No
- Do you consent to a Working with Children Check? Yes  No
- To which organisations (clubs/societies etc.) do you belong?

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What type of volunteer work would interest you?

- |   |                          |                    |                          |
|---|--------------------------|--------------------|--------------------------|
| General office duties/reception/mail-outs | <input type="checkbox"/> | Disability         | <input type="checkbox"/> |
| Research/training/special projects        | <input type="checkbox"/> | Tutoring           | <input type="checkbox"/> |
| Management consultant                     | <input type="checkbox"/> | Fundraising        | <input type="checkbox"/> |
| Community awareness                       | <input type="checkbox"/> | Outdoor activities | <input type="checkbox"/> |
| Handyman/Gardener                         | <input type="checkbox"/> | Art and culture    | <input type="checkbox"/> |
| Information technology                    | <input type="checkbox"/> | Advertising/PR     | <input type="checkbox"/> |
| Other (please specify below)              | <input type="checkbox"/> | Cook               | <input type="checkbox"/> |

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Availability for volunteer work: (Please indicate hours)

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM							
PM							

Are you committed (at this time) to any other training, work (paid or unpaid), travel plans etc. which could affect your availability?

Yes  No

Details: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Jesuit Social Services and why do you wish to work here?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referees:

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

Organisation/Title: \_\_\_\_\_

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

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

Organisation/Title: \_\_\_\_\_

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

**Signature:**

**Date:**

Please return completed form to the Volunteer Coordinator,  
Jesuit Social Services, PO Box 271, Richmond, Victoria 3121.

**Thank you for your interest in the work of Jesuit Social Services.**