

Gympie Region Volunteer Centre

VOLUNTEER REGISTRATION FORM

Date / / Volunteer ID _____ Database entered by _____

First Name		Last Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address					
Suburb		State	Postcode	Primary Phone #	
Email				Mobile #	
Age Group	<input type="checkbox"/> 12-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+			Date of Birth	
Volunteer Category <input type="checkbox"/> Centrelink <input type="checkbox"/> GV General Volunteer <input type="checkbox"/> Job Search Provider Please tick all applicable boxes					
Blue Card Yes / No			Expiry Date		
Police Check: Yes / No			Expiry Date		

Do you have your own transport available? Yes/ No

How did you hear about Gympie Region Volunteer Centre? (Please tick applicable boxes)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Previous interview | <input type="checkbox"/> Special events | <input type="checkbox"/> VQ Website | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Rehab Services | <input type="checkbox"/> Job Search Provider | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Centrelink | <input type="checkbox"/> CHSN Network | <input type="checkbox"/> Community Work co-ordinator | <input type="checkbox"/> Media: TV/Radio/Newspaper |
| <input type="checkbox"/> Counsellor / Doctor / Therapist | <input type="checkbox"/> GoVolunteer | | |

What is your primary reason for volunteering: Please tick all applicable boxes

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Help others/give back to community | <input type="checkbox"/> Using skills/learning new skills | <input type="checkbox"/> Social interaction/meeting people | <input type="checkbox"/> Centrelink/Job Network referral |
| <input type="checkbox"/> Personal satisfaction | <input type="checkbox"/> Gain work experience/ references | <input type="checkbox"/> Make a difference | <input type="checkbox"/> Explore/engage in areas of interest |
| <input type="checkbox"/> To be active/keep busy | <input type="checkbox"/> Build confidence/self esteem | <input type="checkbox"/> Practising English | <input type="checkbox"/> Recommended by someone else |

Would you like to receive information on upcoming events that require volunteers and important volunteer news?: Yes No

(You will be notified by email of volunteer job opportunities available for upcoming events and any important volunteer news)

What is your current work status? (Please tick ONE box)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full time worker | <input type="checkbox"/> Retired | <input type="checkbox"/> Home duties | <input type="checkbox"/> Job seeker |
| <input type="checkbox"/> Part time worker | <input type="checkbox"/> Income support | <input type="checkbox"/> Traveller / Visitor | <input type="checkbox"/> Student |
| <input type="checkbox"/> Casual worker | <input type="checkbox"/> Self Employed | | |

Are you receiving a Centrelink Benefit: Yes No **If yes indicate which benefit:**

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Age Pension | <input type="checkbox"/> Mature Age | <input type="checkbox"/> Other benefit / allowance | <input type="checkbox"/> Partner Allowance |
| <input type="checkbox"/> Carer Payment | <input type="checkbox"/> New Start – under 55 | <input type="checkbox"/> Parenting - Single | <input type="checkbox"/> Widow Allowance |
| <input type="checkbox"/> Disability Support Pension | <input type="checkbox"/> New Start – 55 and over | <input type="checkbox"/> Parenting - Partnered | <input type="checkbox"/> Youth Allowance |

Do you identify as one (or more) of the following groups: **Yes/No**

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal/Torres Strait Islander | <input type="checkbox"/> South Sea Islander |
| <input type="checkbox"/> Non-English speaking (diverse cultural) background | <input type="checkbox"/> Person with a disability |

Do you speak any languages other than English: Yes No **If yes, please list other languages:**

1. _____ 2. _____ 3. _____

Do you have any pre-existing conditions that might restrict or affect the sort of volunteer work you might choose?

What is your general work/volunteer history _____

SKILLS REGISTER – Please Fill In

(Please list any specific qualifications/experience/skills the volunteer has, and which he/she has indicated they would be willing to use to assist Community Organisations. Like events we will consult the volunteer before providing any details to an organisation.)

<input type="checkbox"/> Office Administration	<input type="checkbox"/> Marketing/Promotion
<input type="checkbox"/> Event Management	<input type="checkbox"/> Human Resource Management
<input type="checkbox"/> Submission Writing	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Musician (Specify.....)	<input type="checkbox"/> Bus Driver
Advanced IT Skills (specify) <input type="checkbox"/> Web Design <input type="checkbox"/> Database Development <input type="checkbox"/> Accounting Systems	Cards <input type="checkbox"/> RSA <input type="checkbox"/> White Card <input type="checkbox"/> Workplace Health and Safety
<input type="checkbox"/> Food Handling	<input type="checkbox"/> Leadership
<input type="checkbox"/> Theatre/Set Design	<input type="checkbox"/> Forklift License
<input type="checkbox"/> Class C Drivers License	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Electrical	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Training & Assessment) - TAE	<input type="checkbox"/> Other (Specify

Type of volunteer work you are interested in:

103	Accounting / Finance	102	Fundraising / Special Events	400	Maintenance / Handywork / Trades	604	Support Work / Counselling
001	Administration / Reception	801	Games / Recreation / Sport	106	Management / Business / Committees	805	Technical Services (Audio, Visual, Etc)
800	Arts / Crafts	405	Gardening, Outdoor Work	802	Museum / Gallery / Tour Guide / Info Desk	404	Warehouse Work / Clothes Sorting
300	Catering / Food Services	012	Human Resources	803	Music / Entertainment	610	Working with Animals
406	Cleaning / Laundry Services	609	Hospital Services / Medical	804	Performing Arts & Support	601	Working with Children / Youth
402	Driver / Driver's Assistant	605	'In Home' Visit / Support	100	PR / Marketing / Media	600	Working with the Aged
200	Education / Tutor / Mentor	104	Information Technology	616	Refugee / Migrant / Translating	603	Working with people with disabilities
615	Emergency Services	105	Legal Support / Advocacy	107	Research / Analysis		
410	Environment / Conservation	015	Library Services	500	Retail / Sales		

INTERVIEW DETAILS

Date	Interviewer's Name	Interviewer's Signature	Type of Interview
/ /			F to F Phone Email
/ /			F to F Phone Email

REFERRAL DETAILS

NOTE – Please link to **ONE** position only unless the volunteer is a Centrelink client who may need more than one position to meet an agreed number of volunteering hours.

Date	Organisation	Job No	Job Title	Interview Outcome (Appointment date/TBA)	Volbase Updated

List below any additional positions discussed. This information can then be referred to if the volunteer seeks assistance with additional or alternative links.

Job No	Job Title	Organisation

Volunteer Linking Acknowledgement

Please acknowledge these terms and conditions after reading them carefully:

- 1.** You affirm that your interest in volunteering is based on personal choice and is undertaken freely without the expectation of monetary reward.
- 2.** You give consent for DSS (Department of Social Services) to collect personal information from providers for storage on DSS Data Exchange
- 3.** You Consent for future contact for survey / research / evaluation (for yes please tick box)
- 4.** You are aware that:
 - Registered organisations of CHSN are independent entities responsible for their own actions and not agents of CHSN;
 - CHSN is not responsible for the operations or conduct of listed organisations and volunteers referred to listed organisations;
 - the information provided by CHSN is limited to that provided to it by registered organisations without being checked or tested.
- 5.** You consent to allow GRVC to forward the personal details provided by you to a registered organisation for the sole purpose of obtaining a volunteer position with the registered organisation and to use the data for subsequent follow-up for research and statistical analysis. (A copy of VQ's Privacy Policy, which also applies to GRVC, is available on request or at www.volqlld.org.au)
- 6.** You acknowledge that any volunteer position chosen by you will be the result of agreement reached between you and a registered organisation of GRVC.
- 7.** You accept responsibility to check the currency of the organisation's insurance cover before starting volunteer work (refer to insurance information sheet). Note that at the time of registration approval the organisation certified that it had Public Liability and Personal Accident insurance cover for volunteers.
- 8. Volunteer Disclaimer**

By providing your personal details to GRVC Linking Service ("Linking Service") you agree that in so doing to the greatest extent that may be permitted by law that CHSN shall have no liability whatsoever to you as a result of making such details available to any community and or Not-for-Profit organisation who may from time to time take part, avail themselves or be involved in the Linking Service program. Furthermore, you acknowledge that insofar as you shall be linked with any organisation as part of the Linking Service program that you will make your own assessment to determine as to whether such organisation and its requirements are appropriate for your needs and skills.

Signed: _____

Date: ____ (or phone interviewer initials)



GENERAL COMMENTS / FILE NOTES:-

Initial Interview.

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Follow ups

Week 1

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Week 2

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Final Outcome

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