

Volunteer Registration Form






Thank you for your interest in volunteering. By providing us with the following information you will help us identify a position that suits your interests, skills, experience, location and availability.

This information will be loaded onto Volunteering WA database, which will enable easy editing and availability to select volunteers based on different requests eg skills, interests, availability of times etc.

Please complete the details below and return to the Merredin CRC.

If you have any queries or wish to know more information, please contact the Merredin CRC on 90411041 or email merredincrc@merredin.com or just call in for a chat.

Volunteer Details

Title (Mr/Miss/Mrs/Ms)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Given Name	Surname	
Address (Postal)	Email 	
Address (Residential)	Phone 	
	Mobile 	
Date of Birth	Emergency Contact	

Have you volunteered before?

Yes

No

Have you attended information sessions?

Yes

No

Skills and Qualifications

Previous Work Experience

Hobbies and Interests

Any work you are unable to do?

Working Ability – Position Requirements. Are you prepared to undertake

- | | |
|--|--|
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Medical Check |
| <input type="checkbox"/> C <input type="checkbox"/> MR <input type="checkbox"/> HR <input type="checkbox"/> HC <input type="checkbox"/> MC | <input type="checkbox"/> National Police Certificate |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Working with Children |
| <input type="checkbox"/> Heavy Lifting | <input type="checkbox"/> Others |

Miscellaneous Details

How did you find us? _____

Phone, face to face, Email etc

Do you have any disabilities?

- Yes
- No

If yes please specify disability _____

Do you speak other languages?

Volunteer Service Focus

This is the type of organisation that will benefit, or the “theme” of the volunteering.

- | | |
|--|--|
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Health |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Library |
| <input type="checkbox"/> Community Events/Projects (eg. Market stalls, show) | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Community Resource Centre | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> CWA | <input type="checkbox"/> Seniors & Aged Care |
| <input type="checkbox"/> Emergency Relief | <input type="checkbox"/> Sports _____ |
| <input type="checkbox"/> Drug & Alcohol Support | <input type="checkbox"/> Merredin Recreation Centre and Leisure Centre |
| <input type="checkbox"/> Education | <input type="checkbox"/> Cummins Theatre |
| <input type="checkbox"/> Emergency Services (SES, Fire Brigade, Ambulance) | <input type="checkbox"/> Lions Club |
| <input type="checkbox"/> Environment & Conservation | <input type="checkbox"/> Museums (Railway/Military) |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Tidy Towns |
| | <input type="checkbox"/> Visitor Centre/Tourism |

Any other information that you think is relevant

Volunteer Availability

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Public Holidays			

How much notice would you need? (E.g 1 day, 1 week, 1 month)

I authorise Merredin Community Resource Centre to release information to Community/Sporting organisations in order to obtain a volunteer position and give consent to my details being entered into the Volunteering WA database to be used for volunteering related purposes.

Name

Signature

Date

Office Use Only:

Entered into Volunteering WA database (date) _____ by _____

Referral Number _____