



VOLUNTEER APPLICATION FORM

Full Name:		Gender:	Male/Female
Address:		Date of birth:	/ /
		Phone (M):	
		Phone (H):	
Email:			
Employment status:	<input type="checkbox"/> Student- Full Time / Part Time <input type="checkbox"/> Working- Full Time / Part Time / Casual <input type="checkbox"/> Job seeker <input type="checkbox"/> Retired <input type="checkbox"/> Other _____		
Do you identify as any of the following:		<input type="checkbox"/> Aboriginal person <input type="checkbox"/> Torres Strait Islander person <input type="checkbox"/> Person with a disability <input type="checkbox"/> Person from a non-English speaking background	

How did you hear about volunteering at Picabeen?	
Are you applying for a particular volunteer position?	Yes/No
If yes, what is the position?	
If no, what areas interest you at the centre?	

How often would you like to volunteer?					
	Monday	Tuesday	Wednesday	Thursday	Friday
Time Availability					



Have you volunteered before?		Yes/No
If yes, please provide details	Organisation	Position

Please provide details of relevant qualifications, if any:	
Please provide details of relevant work experience, if any:	

All volunteers are required to have a membership of Picabeen Community Association Inc. which is given at a nominal fee. Do you agree to become a member?	Yes/No
Do you hold a current Blue Card?	Yes/No
If no, do you agree to apply for a Blue Card through the centre?	Yes/No
If yes, do you consent to your Blue Card check through the Commission?	Yes/No
Do you consent to a Police Check if required?	Yes/No
Do you have any medical conditions which could limit your ability to perform any tasks? If yes, please provide details:	Yes/No



Please provide details of two referees:		
	Referee 1	Referee 2
Name:		
Relationship:		
Organisation:		
Position:		
Phone:		
Email:		
Please provide details of a person we can contact during an emergency:		
Name:		
Relationship:		
Address:		
Phone:	(M)	(H)
Email:		

Any other details you would like to provide?	
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Declaration:

- I declare that the above information is true and correct to the best of my knowledge
- I understand that Picabeen may conduct reference check and background check as a part of the application process.
- I understand that a Picabeen membership is required for all volunteers

Signature:

Name:
Date:



Picabeen Community Centre
22 Hoben Street Mitchelton Q 4053
PO Box 6179 Mitchelton Q 4053
P 07 3354 2555 | info@picabeen.org.au
Facebook: Picabeen Community Centre
www.picabeen.org.au

For Office Use:

Interview Result :	
Comments, if any:	
Interviewer's signature:	
Position:	
Date:	

For all enquiries, please phone Picabeen between 9:00am to 4:00pm Monday to Friday or email info@picabeen.org.au

Please return the form to Picabeen Community Centre, PO Box 6179, Mitchelton Qld 4053 or via email to info@picabeen.org.au