

OFFICE USE ONLY: (INSERT THE DATE THE FOLLOWING ACTIONS HAVE BEEN COMPLETED, LIST VAST TRAINING)

APPLICATION RECEIVED: _____ REFS DONE: _____ POLICE CHECK RECEIVED: _____

ENTERED INTO DATABASE: _____ ENTERED INTO EMAIL LIST _____ VOLUNTEER LIST: _____

ECHO ORIENTATION: _____ VAST TRAINING: _____

ECHO VOLUNTEER APPLICATION FORM

CONFIDENTIAL

Please complete this form in full (both sides of the page/s) and return it to:
ECHO Neighbourhood Centre, Shop4/1 Spring St Bondi Junction NSW 2022
Phone: 9387 2885 * Fax: 9369 4788 * Email: volunteer@echocentre.com.au

Name: Mobile:

Street Address: Home Phone:

Postcode: Work Phone:

Email: Fax Number:

Date of Birth: (Please circle) Male Female

What is the best method to contact you? Mobile Landline Email Post

Country of Birth/State/Town:

Languages Spoken:
(Other than English)

Occupation: Employer:

(E.G. Employed, unemployed, home duties, retired, student etc)

What are your future plans (career/personal)?

How did you hear about ECHO Neighbourhood Centre?

DO YOU HAVE? (Please circle and state the details. Also please attach a clear copy of your licence)

A current NSW driver's licence? YES NO NSW Licence No: _____

Access to a roadworthy car? YES NO Registration No: _____

Comprehensive Car Insurance? YES NO Company Name: _____

A special Licence (ie Mini Bus) YES NO NSW Licence No: _____

Have you been convicted of a driving offence? Please give details: YES NO

Do you agree to have a Police Check undertaken by ECHO? YES NO

Do you have any health limitations, physical disabilities or mental health issues which may affect the type of work you can do as a volunteer? YES NO

If yes, please give details overleaf:

Are you currently taking any medication or have a medical care plan which we should be aware of? If yes, please give details YES NO

If you have not answered the above 2 questions as a "yes or no" are you choosing to withhold information for privacy reasons? YES NO

Have you done any volunteering before? YES NO
If yes, please give details of the organisation, your duties and duration:

Have you got any experience or special skills that you may like us to know about and which you may like to use as a volunteer? (If yes, please give details) YES NO

Why do you want to volunteer at ECHO Neighbourhood Centre?

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What type of ECHO volunteer roles are you interested in doing? (Please tick all relevant roles)

- | | |
|---|---|
| <input type="checkbox"/> Front Desk Worker | <u>Neighbour Aid Program:</u> |
| <input type="checkbox"/> Handyperson/Gardener | <input type="checkbox"/> Home Visiting/Social Support |
| <input type="checkbox"/> Group & Event Assistant | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> English Conversation Tutor | <input type="checkbox"/> Walking Companion |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Driving |

What days & hours are you available?

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All ECHO Volunteers **must** attend basic orientation training.

Are you prepared to attend training and ongoing support? YES NO

Do you have a current first aid certificate? YES Expiry: _____ NO

Please list two referees for us to contact. (Do not list a relative as a referee)

Name: _____	Name: _____
Phone: _____	Phone: _____

NOTE: Please notify the above that you have listed them as a referee and that we will be contacting them.

I agree that I have answered all the questions truthfully. I give my permission for ECHO staff to contact the above people and to undertake a Police check upon me. I am aware that I must attend training to become an ECHO Volunteer and I understand that I am not able to do volunteering at ECHO if I have been directed by another person/organisation or if I have a criminal record.

Signed: _____	Date: _____
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