# VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Amber Community. To help us place you in an area to which you are best suited, and which we hope you will find fulfilling, please take the time to answer a few questions.

Completion of this application form is a part of the volunteer recruitment and selection process. Next steps will typically involve an interview, training appropriate to the type of volunteer work being undertaken, police checks, and an orientation.

Please return to Amber Community, via email to office.manager@ambercommunity.org.au or post to PO Box 1283, Blackburn VIC 3130.

## PERSONAL DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Date |  | | | |
| Contact number |  | | | |
| Address |  | | | |
| Suburb |  | | Postcode |  |
| Email |  | | Date of birth |  |
| Languages spoken at home? | |  | | |
| Do you identify as Aboriginal or Torres Strait Islander?  Yes  No | | | | |
| Ethnic group you identify with? | |  | | |

## EXPERIENCE AND REFERENCES (OPTIONAL)

Please list the last paid position you have held:

|  |  |  |  |
| --- | --- | --- | --- |
| Position |  | | |
| Organisation |  | | |
| Duration |  | | |
| Referee |  | Phone |  |

Please list the last volunteer position you have held:

|  |  |  |  |
| --- | --- | --- | --- |
| Position |  | | |
| Organisation |  | | |
| Duration |  | | |
| Referee |  | Phone |  |

There are many areas in which you can volunteer. Please tick those areas in which you may be interested.

|  |  |
| --- | --- |
| Lived experience peer support  Lived experience support group co-facilitator  Lived experience volunteer speaker to drivers  Lived experience volunteer speaker to the media  Lived experience volunteer speaker to community groups/schools | Marketing & advocacy  Administration  Events and fundraising  Shine a Light on Road Safety campaign |

As some positions require a waiting time, and some positions require training, it may be some time before we can offer you work. However, you are important to us and we will be in contact.

## AVAILABILITY (PLEASE TICK)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**Frequency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekly | Fortnightly | Monthly | Occasionally | Other |

## SKILLS/EXPERIENCE/TRAINING/INTERESTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Experience and skills? | | | | |
| What has been your experience of a serious road incident or road trauma? | | | | |
| When did this occur? (insert the date here) | | DD / MM / YYYY | | |
| Did you receive, or are you receiving professional support from: (tick appropriate box/es) | | | | |
| GP | Counsellor | | Psychiatrist | Other |
| What are your reasons for wanting to become a volunteer at Amber Community? | | | | |
| What do you think you will bring to the role? | | | | |
| Are you waiting on the outcome of any court cases or legal hearings?  Yes  No | | | | |
| Please give a brief outline: | | | | |

### OFFICE USE ONLY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Application received by |  | Date |  | Sent to RC | Date |  |