

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.

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

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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