

# 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.

Completing this application form is a part of the volunteer recruitment and selection process. The 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](mailto:office.manager@ambercommunity.org.au) or post to PO Box 2183, Rangeview VIC 3132.

## PERSONAL DETAILS

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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

What ethnic group do you identify with? \_\_\_\_\_

## EXPERIENCE AND REFERENCES (OPTIONAL)

Please list the last paid position you have held:

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Position \_\_\_\_\_

Organisation \_\_\_\_\_

Duration \_\_\_\_\_

Referee \_\_\_\_\_ Phone \_\_\_\_\_

Please list the last volunteer position you have held:

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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 \_\_\_\_\_