



Volunteer Application Form

Date Reviewed: Sept 2021

Mr Mrs Ms Miss Other: _____

Given Name(s): _____ Surname: _____

Private Address: _____

Suburb: _____ Postcode: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____ Date of Birth: ___ / ___ / ___

How did you become aware of our volunteer opportunities?

- Newspaper Library Lighthouse Disability website
 Northern Volunteering SA Word of Mouth Lighthouse Disability activity
 Other: _____

What are your reasons for seeking volunteer employment with us?

- Develop or practice new skills Opportunity to meet people
 Explore a career change For a reference
 Opportunity to help the community Personal Development i.e. increase confidence
 Share your knowledge and skills Other: _____

When are you available to volunteer with us?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM (9am to 12 noon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM (12 noon to 5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (5pm to 8pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Hours (9:30am to 2:30pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> One-off <input type="checkbox"/> Other: _____							

Transportation

Are you prepared to use your vehicle for transport? Yes No

If Yes: Is your vehicle fully and comprehensively insured? Yes No

Name of Insurance Company: _____

Type of vehicle and number of cylinders? _____

Drivers Licence no: _____ Expiry Date: ___ / ___ / ___



Experience

List your previous volunteer experience.

Employment

List your most recent employment.

Education (please tick)

- Secondary Trade Tertiary Post Graduate: _____
 First Aid (expiry) ___ / ___ / ___ Workplace training/assessment

Can you speak a language other than English?

- Spoken Written

Hobbies and Interests

Area for Volunteer Involvement (please tick)

Please note that specific training is required for some areas of volunteer work.

- | | |
|---|---|
| <input type="checkbox"/> Recreation & Outings | <input type="checkbox"/> Activity Support |
| <input type="checkbox"/> Music DJ Disco | <input type="checkbox"/> Social & Community Support |
| <input type="checkbox"/> Events Assistant | <input type="checkbox"/> Gardener |
| <input type="checkbox"/> Admin & Office Support | <input type="checkbox"/> Disco Assistant |
| <input type="checkbox"/> Other: _____ | |

Why would you like to volunteer with Lighthouse Disability?

How would you like to benefit by volunteering with Lighthouse Disability?



Please provide the names and contact numbers for two (2) referees:

Referee Name: _____
Home phone: _____ Work phone: _____
Email: _____

Referee Name: _____
Home phone: _____ Work phone: _____
Email: _____

I would like to receive updates about Lighthouse Disability programs (please tick) Yes No
I give permission for my photograph to be used in promotional material Yes No

Privacy Statement

Lighthouse Disability respects your privacy and has specific policies regarding privacy, the use of your personal information and dealing with grievances.

The information obtained is required to assist in matching you with a suitable volunteer role. This information is stored securely and is only accessed by approved Lighthouse Disability staff/volunteers involved in the provision of services.

You are not obliged to provide personal information, however this may impact on any decision to accept your application. You have the right to access your personal information on file by contacting the Volunteer Coordinator.

Statement of Agreement

In submitting this application, I confirm the above details are true and compete to the best of my knowledge. I understand if I am accepted as a volunteer, any false or misleading statements or omissions made by me on this application may result in my dismissal. I agree to abide by the policies of Lighthouse Disability and will not disclose information regarding Lighthouse Disability’s program participants obtained in the course of my association with Lighthouse Disability. I will notify Lighthouse Disability of any changes to the above details.

I agree to undertake a Police Check and reference check.

Signature of applicant: _____ Date: ___ / ___ / ___

Lighthouse Representative: _____ Date: ___ / ___ / ___

Office Use Only

PC sighted Photo permission Mailing list