

VOLUNTEER REGISTRATION FORM



1. Personal Details

Name	
Date of birth	
Address	
Phone	
Email	

2. Emergency Contact

Name	
Phone	

3. How did you learn about volunteering at Barossa Enterprises?

Barossa Council	Job Service Provider	Word of mouth	
Other			

4. What do you hope to get out of volunteering at Barossa Enterprises?

5. When are you available to volunteer?

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

6. Are you required to volunteer for a set number of ours?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes , how many hours?	
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7. Let us know briefly...

Skills, talents, experience, or qualifications you have.	Any hobbies you particularly enjoy?	Preference for Job Roles. Any jobs you can't or don't want to do?

8. Do you have any medical issues that may affect your ability to work?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes , please specify			

9. Do you have a current DSCI Criminal History Assessment (within the last 3 years)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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10. Are you familiar with Working with vulnerable people, Child Safe Environments, equal opportunity legislation?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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11. Are you interested in training if it becomes available?

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<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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12. Would you like a resume review?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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13. Are you able to provide copies of licences/qualifications?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14. Do you have a referee we could speak to?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Name	
Phone	

15. Declaration

Signature	
Date	