

CONFIDENTIAL**Volunteer Personal Details**

Title	First Given Name	Surname
Other Given Names		Preferred Name
Date Of Birth	Gender	Email
Postal Address, Street Name/Number		
Suburb	State	Postcode
Telephone – Home		Mobile
(<input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emergency Contact Name	Relationship	Contact Phone Number
		(<input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Allergies and Health Issues

Guide Dogs Association of SA and NT Inc has a duty of care to protect your health and safety while you are at work. All staff and volunteers have a responsibility to inform their employer of any allergies or health issues that may be an issue in the workplace and to discuss strategies to address any possible incidents.

Health	Yes	No	N/A
Do you have any health problems that may affect your work If yes, comments _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an allergy to dogs that will require you to limit your contact with dogs and the areas they access? If yes, please alert the Guide Dogs Services Unit to your allergy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently take any medication If yes, comments _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear of the volunteer opportunity (please ✓)

Web Press Radio TV Friend Volunteer Agency

Other _____

Are you willing to undergo a Police Check? Yes No

Do you have a current Drivers licence Yes No

Do you have a current First Aid certificate? Yes No

Please list any current or previous volunteer work you have been involved in.

Volunteer Details

How much time do you have available for your volunteer commitment?

Hours per Day _____

Preferred Day(s): (Please circle) Monday Tuesday Wednesday Thursday Friday

Which area(s) are you interested in volunteering? (please ✓)

Marketing/Fundraising

Guide Dog Services

Client Services

General Administration

Puppy Raiser

Home Visitor

Mini & Model Dog Collector

Home Boarder

Office Administration

Discovery Centre Tour Guide

Short Term Boarder

Community Talks Presenter

Other _____

What is your reason for volunteering?

Volunteer Work Initiative (Centrelink): Yes No

Mutual Obligations (Centrelink): Yes No

Are you currently employed? Yes No

If yes, please specify: Part-time Full-time Casual

Employment History: (or attach your resume)

Employer: _____ Title: _____

Length of Service: _____ Full-time Part-time Casual

Skills: _____

Employer: _____ Title: _____

Length of Service: _____ Full-time Part-time Casual

Skills: _____

Name & Contact details of two referees:

Name: _____ Number: _____

Name: _____ Number: _____

Verifications

I verify that all information is true & correct

Volunteer Signature

Date

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