

**CONFIDENTIAL****Volunteer Personal Details**

<i>Title</i>	<i>First given name</i>	<i>Surname</i>
<i>Other given names</i>		<i>Preferred name</i>
<i>Date of birth</i>	<i>Gender</i>	
<i>Postal address, street name/number</i>		
<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
<i>Telephone – home</i>		<i>Mobile</i>
(<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"/>
<i>Emergency contact name</i>	<i>Relationship</i>	<i>Contact phone number</i>
		(<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

The 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 driver's 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 ✓)

Administration

- General Administration
- Mini and model Dog Collector
- Money counter
- Community talks presenter
- Maintenance
- Other _____

Guide Dog Services

- Puppy raiser
- Home boarder
- Short-term boarder

Client Services

- Home visitor
- Office administration
- Client support

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 and contact details of two referees:

Name: _____ Number: _____

Name: _____ Number: _____

Verifications

I verify that all information is true and correct

Volunteer Signature

Date

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