



Royal Far West
Children's health, country-wide

Application to Volunteer

Section A – Availability (Preferred Day/s and Time/s)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekends ☐ Overnight ☐ AM ☐ PM

Section B – Personal Information

Surname: _____

Given Name: _____

Preferred Name: _____

Preferred form of address: Mr/Mrs/Ms/Miss/Dr/Prof

Date of Birth: ____/____/____

Sex: ☐ Female ☐ Male

Home Address: _____

Suburb: _____

Postcode: _____

Email Address: _____

Home Phone Number: _____

Mobile Phone: _____

Working with Children Check Number: _____

Are you an Australian Citizen or Permanent Resident: ☐ Yes ☐ No

Have you volunteered previously by Royal Far West? ☐ Yes ☐ No

If yes, please provide the following information:

Position held: _____

Dates: _____

Section C – Skills List

Please tick the skills you have that you would be happy to utilise in a volunteer capacity.

Microsoft Word Basic ☐	Office Management ☐	Physiotherapy ☐	Child Minding ☐
Microsoft Word Intermediate ☐	Event Management ☐	Psychology ☐	Sports Coaching/ Leading ☐
Microsoft Word Advanced ☐	Fundraising ☐	Social Work ☐	Tutoring ☐

Microsoft Excel Basic □	Marketing □	Dietician/Nutrition □	Gardening □
Microsoft Excel Intermediate □	Legal □	Customer Service □	General Maintenance □
Microsoft Excel Advanced □	Information Technology □	Public Speaking □	Archiving/ Historical Research □
Typing □	Accounts/Finance □	Tour Guiding □	Other:
Data Entry □	Speech Pathology □	Hospitality □	
Office/General Administration □	Occupational Therapy □	Retail □	

Section D – Medical

Are you aware of any circumstances regarding your health that may affect your ability to perform the duties associated with this position for which you are now applying?

☐ Yes ☐ No

If yes, please provide details:

If you have a disability, what, if any, adjustments to the workplace may be required to assist you? Please provide details: _____

Section E – Emergency Contact Details

Name: _____

Relationship: _____

Phone: _____

Mobile: _____

Section F – Declaration

I certify that the above information is true and accurate and understand that if I have provide false or misleading information that it may result in a decision not to employ me as a volunteer, or if I am already volunteering, it may lead to termination of my employment as a volunteer.

Print Name: _____

Signature: _____

Date: _____