

VOLUNTEER APPLICATION FORM

Send completed form to:
 Volunteer Coordinator
 WA Deaf Society Inc
 PO Box 8558
 PERTH BC WA 6849

For further information contact:
 Ph: 9441 2677
 TTY: 9441 2655
 Fax: 9441 2622
 wadeaf@wadeaf.org.au



Surname (Mr/Mrs/Miss/Ms): _____ Given Name: _____

Address: _____

Age: 18-24 25-34 35-44
 45-54 55-64 over 65
 Male Female

Postcode: _____

Ph: (H) _____ (W) _____ (Mob) _____ DOB _____

Fax: _____ TTY: _____ Email: _____

Are you: Deaf Hard of Hearing Hearing Are you: Australian Citizen Permanent Resident Visitor

SKILLS & INTERESTS

Occupational Background: _____

Are You Currently Employed? Yes No Name of Employer: _____

Educational Background/Qualifications: _____

Special Skills: _____

Languages (eg. Auslan): _____

Hobbies/Interests: _____

Previous Volunteer Experience: _____

Why Are You Interested in Becoming a Volunteer with the WA Deaf Society? _____

AVAILABILITY

Please place a tick in the space when you are usually available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
All Day							

Weekly Fortnightly Monthly Other

How did you hear about these volunteer positions? _____

VOLUNTEER ROLES OF INTEREST

Please indicate your preference of volunteer roles by placing a number in the box (1 is your most preferred role). Leave blank any role that you do not wish to undertake.

Administrative Support Volunteer <input type="checkbox"/> General administrative duties within the WA Deaf Society office. Tasks may include photocopying, collating, preparation for mail outs, filing and packaging of kits and sorting raffle tickets for mailing.	Shopping Centre/Mall Volunteer <input type="checkbox"/> Assisting with selling raffle tickets or other fundraising material and/or provide information at displays at shopping centre and mall locations.
Street Appeal Volunteer <input type="checkbox"/> Assisting with collections for fundraising and selling merchandise on The WA Deaf Society's annual street appeal day.	Event Volunteer <input type="checkbox"/> Assisting in coordination of event, packing of kits, preparation of promotional material, assisting at registration desks, helping coordinate ceremonies and setting up venues.

Do you have a Police Clearance? Yes No Date obtained: _____

It is a pre-requisite that all volunteers working with the WA Deaf Society hold a current police clearance.

The Society will pay for a Police Clearance.

MEDICAL HISTORY

Do you, or have you suffered from:

Arthritis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma, bronchitis, wheeze or other lung disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Head injury, epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eye or ear (including hearing) problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently being treated by a doctor for any illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please give details if you answered "Yes" to any of the above questions: _____

Do you, or have you ever suffered from shoulder, neck or back pain problems? Yes No

If Yes, please give details: _____

Are you taking any medication, drugs or injections for a medical condition on a regular basis? Yes No

If Yes, please give details: _____

Do you have any allergies? Yes No

If Yes, please give details: _____

Do you have any conditions which could prevent you from doing volunteer work as specified above? Yes No

If Yes, please give details: _____

Emergency Contact

Name _____ Relationship _____

Ph: H _____ W _____ Mob _____

CONSENT

To the best of my knowledge the above information is correct. I agree that this information may be disclosed in any emergency situation if this is deemed necessary.

Signature: _____ Date: _____