Document Name Application for Volunteer Position

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Review cycle: As needed **Approval:** Gen. Mgr. **Last Reviewed:** 11/2026

Date of application _____

Personal Details

Surname_____ First Name _____

Preferred Name _____

Address _____

Post Code_____ Phone:_____

Email: _____

☐ Male ☐ Female Date of Birth / /

How did you hear about CareWorks?

☐ Word of Mouth ☐ Church ☐ Volunteering SA ☐ Centrelink ☐ Website ☐ Other

What is your primary motivation for Volunteering?

☐ Help others/give back to community _____ ☐ Social Interaction__ ☐ Student Placement

☐ Using skills/learning new skills ☐ Centrelink ☐ Practicing English

Volunteer Experience

Have you previously volunteered? ☐ No _____ ☐ Yes

Organisation _____

Type of work performed _____

Length of time with organisation _____

Referees

Please provide the name and contact details of at least one referee.

Name _____ Phone_____ Email _____

Name _____ Phone_____ Email _____

Other Experience

Details of any skills or experience in other areas that may be relevant to your work as a volunteer? Eg. Member of a Service Club, speaking another language etc

Which areas of volunteer work you would like to be involved in:

☐ Community support ☐ Gardening/Building Maintenance ☐ Office / Admin

☐ Op Shop ☐ Fundraising/Public Relations ☐ Youth ☐ Other (please specify)

Please circle the day(s) and times you would be available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Sat
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

Do you have any condition or circumstances (physical or psychological) that may affect your ability to perform some tasks? ☐ No ☐ Yes (please describe)_____

Office use only

Start Date: _____

Trial Dates: _____ to _____

Induction Date: _____

Notes: