



Volunteer Program Application Form

Personal Details

Date: ____/____/____

Dr/Mr/Mrs/Miss/Ms
Please circle one

Given Names

Family Name

Preferred Name: _____

Address: _____

Suburb / Town: _____

State: _____

Postcode: _____

Phone (home) _____

Mobile: _____

Phone (work) _____

Email: _____

@ _____

Emergency Contact

Name: _____

Phone: _____

Contact preferences:

Work

Home

Mobile

Email

Please Note: The information requested in this section is optional for you to complete. It will be used for our reward and recognition program and to identify any other opportunities for your involvement with the Global Learning Centre.

Date of Birth:

_____/_____/_____
day month

OR

_____/_____/_____
day month year

Do you belong to:

Community Group

University

Teacher

Details:

Seeking Employment

Retired

Home Duties

Other



Are you a student? (part / full time) Course Name: _____

School / College/ University Name: _____

Employed (part time / full time) Occupation: _____

Employer: _____ Location: _____

The skills you bring the Global Learning Centre include: (e.g. educational, trade, marketing, nursing, administration, professional, interests, hobbies, etc)

Do you have any skills in the following areas and at what level? (These skills are not essential for Volunteer work)

Skill	Level Beginner: Improver: Experienced	Skill	Level Beginner: Improver: Experienced
MS Word		Librarian skills	
MS Excel		MS Publisher	
MS Access		Dreamweaver	
Languages Spoken		Internet	

Areas of Involvement

Please provide the title of the position you are applying for or the area of volunteering that you are interested in

Availability

Weekly

Fortnightly

Monthly

Other

Days Available:	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
Hours Available:							

Drivers Licence: Yes / No

Access to a Vehicle: Yes / No

One **non-family** referee & one business referee **OR** Two **non-family** referees:

1. Name: _____ Daytime Contact Number: _____

2. Name: _____ Daytime Contact Number: _____

It is essential that reference checks are carried out before a person can be accepted into the Global Learning Centre Volunteer program

Please tick: I give the Global Learning Centre permission to contact the above referees

What has motivated you to become a Global Learning Centre Volunteer? _____

What are your expectations in becoming a Global Learning Centre Volunteer? _____



Child Protection Policy

Global Learning Centre is committed to the welfare of children. As a matter of Policy and State Legislation, we require all prospective volunteers to agree to a Police Check. Please sign below to indicate your permission to undertake these checks.

Signed _____ Date: _____

Confidentiality Statement

I understand that, in my capacity as a Global Learning Centre Volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my ability as a volunteer and not to divulge it during or after my service has ended.

Signed: _____ Date: _____

For Office Use Only

Interview day	Date: ____ / ____ / ____	Time: _____	Interview by: _____
1 st Reference check completed <input type="checkbox"/>	2 nd Reference check completed <input type="checkbox"/>	Police check completed <input type="checkbox"/>	
Entered on database	Date: ____ / ____ / ____	By: _____	Notes: _____
Interview Notes:	_____		

Please return form to:

Coordinator, Global Learning Centre, 102 McDonald Road, Windsor, Queensland, 4030

Phone: (07) 3857 6666

Fax (07) 3857 6666

ABN 65 221 546 575