

VOLUNTEER APPLICATION FORM

INDIAN AUSTRALIAN ASSOCIATION OF SOUTH AUSTRALIA (IAASA)

Personal / contact details:

Date	/ /
Name	
Address	
Phone 1	
Phone 2	
Email address	
Preferred method of contact	
Country & State of Origin	
Current occupation / study	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u> <input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u>
Emergency Contact Details: Name: Relationship to you: Phone 1: Phone 2:	
Birthday	

Referees. Please provide the name and contact details of at least two referees:

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone1:	Phone2:
Relationship to you:	
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone1:	Phone2:
Relationship to you:	
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone1:	Phone2:
Relationship to you:	

Experience and qualifications. *Please provide details of experience relevant to this role*

Please tick any of these skill areas if they relate to you:

- Training or education in teaching or tutoring
- Health services, counselling, social work
- Experience in event management, theming, decorations
- Accreditation or experience in a particular field such as music, dance, arts and crafts, culinary etc
- Experience working with young people and / or the elderly
- Experience working with people from migrant backgrounds
- Administrative or IT capabilities including web and graphic design

Please elaborate on these experiences in the space below:

Languages spoken

Other voluntary work

Hobbies / Interests

Why are you interested in becoming an IAASA Volunteer?

Please indicate your availabilities in the space below

WEEKDAY

WEEKENDS

AM

PM

Where did you hear about this program?

Do you have a National Police Clearance?

Do you have any disabilities or medical conditions that affect your ability to do certain types of work?

Personal Information:

Age <18 18-25 26-35 36-45 46-55 55+

Gender Male Female

Language spoken at home?

Highest education qualification achieved?

Privacy statement:

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work with IAASA. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with Program partner organisations and funding bodies.

Please tick if you would like to receive regular newsletters from IAASA

By signing this form I attest that the information supplied is true and accurate. I understand that submitting this application form does not automatically register me as a volunteer but that there is a selection process including completion of a satisfactory reference check and participation in the IAASA induction program. I confirm that I am willing to volunteer for at least a twelve-month period and help at a minimum of 3 events during that period.

Signature:

Name:

Date:

IAASA is committed to the safety and wellbeing of all vulnerable groups within its community including children, young people and senior citizens we take great care to ensure a child-safe environment is maintained at all times. We also support the rights and wellbeing of our staff and volunteers and encourage their active participation in building and maintaining a secure environment for all participants.