

VOLUNTEER APPLICATION FORM

This information will be kept confidential and only available to GoCo Coordinator so that we have the relevant information to keep you safe and offer you tasks to compliment your availability, preferences and strengths.

Surname: _____ Given Name/s: _____

Address: _____

Home Ph.: _____ Mobile: _____

Email: _____

Which contact method do you prefer: Call home Call mobile Text Email

Gender: Male Female Not stated

D.O.B.: _____ Age: _____

Current First Aid Certificate: Yes No

DRIVERS LICENCE NO: _____ CLASS: _____ Expiry Date: ____/____/____

In Case of Emergency, please call:

Emergency contact 1:

Name: _____

Relationship: _____

Town: _____

Home Ph. _____

Mobile: _____

Emergency contact 2:

Name: _____

Relationship: _____

Town: _____

Home Ph. _____

Mobile: _____

Please tick what days/times you will be available: (Please note: Services start from 7am – 9pm)

	Mornings	Mid-day	Afternoon	Evening	Comments (eg. Fortnightly)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday (Carer only)					
Sunday (Carer only)					

Please note any preferences, or commitments that may impact our volunteering role?

(eg. Extended vacation plans, not available after 3pm, etc)

What Activities are you interested in Volunteering for?

Activity	Requirement/description	
<input type="checkbox"/> Transport – car	Class C Driver’s License	All GoCo driver volunteers must pass a medical and driving test – to be paid for by GoCo
<input type="checkbox"/> Transport – mini bus	Class C Driver’s License	
<input type="checkbox"/> Transport – bus	Class LR driving license and Public Passenger Authority	
<input type="checkbox"/> Individual shopping assistance	Class C Driver’s License Able to independently shop and get walking aids in/out of cars	
<input type="checkbox"/> Carer – day	Carer in group environment or on the bus during day centre activities, social or medical outings	
<input type="checkbox"/> Carer – overnight	Assisting staff on overnight trips, this may include helping to coordinate activities or assisting clients who require minimal support.	

List any training you have undertaken or any areas of prior learning:

Training / Skill	Certificate received?	Date completed

All Volunteers are required to complete a free Police Clearance and Working with Children's Check

Have you ever had any Police Convictions? Yes No

Do you have a current Working with Children Check Clearance? Yes No

Would you object to applying for a Police Clearance or Children's Check? Yes No

Drivers ONLY:

Do you have a Bus Driving Authority? Yes No Expiry: _____

Do you have a Disabled Parking sticker? Yes No Expiry: _____

Do you have any Physical/Medical Restrictions? Yes No Review date: _____

If yes, please provide details: _____

Have you ever been refused or had a disqualified licence? Yes No Date: _____

If yes, please provide details: _____

Have you ever been refused Insurance? Yes No Date: _____

If yes, please provide details: _____

Signature of Volunteer: _____

Date ___/___/___

OFFICE USE ONLY

VOLUNTEER STATUS: Bus Driver Car Driver Carer

Date of Registration: _____ Review scheduled: _____

Date Finished: _____ Reason: _____

Volunteer Induction checklist completed: Yes Date: _____

Volunteer pack provided: Yes Date: _____

Driver Training Course (Theory) results: _____ Comments: _____

Driver Training Course (Practical) results: _____ Comments: _____

Signature of Authorised Testing Officer: _____ Date: _____

Additional training required: _____

Comments: _____
