

Volunteer Application Form

Headway Gippsland Inc. is committed to ensuring our volunteers are supported and placed in the most appropriate areas of our service. The following is for our information only and will be private and confidential to our organisation, it is merely to assist us in ensuring we select the most appropriate people to work with our participants, staff and carers.

| Personal Details | | |
|-------------------------------------|--|--|
| Name: | | |
| Address: | | |
| Phone Number: | | |
| Email: | | |
| Driver's Licence No: | | |
| Any Conditions on Driver's Licence: | | |
| Expiry Date: | | |
| DOB: | | |
| NDIS Worker Screening Check | | |
| Date | | |
| | | |
| | | |
| Emergency Contact Details | | |
| Name: | | |
| Address: | | |
| Phone Number: | | |
| Name: | | |
| Address: | | |
| Phone Number: | | |



| Volunteer Application Form |
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| Pre-Existing Medical Conditions we need to be aware of: |
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| NAME: and the start this monition O |
| Why are you applying for this position? |
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| How far are you willing to travel? |
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| |
| Other relevant information/training/skills/areas of interest? |
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Reimbursements

As a volunteer for Headway Gippsland, you will be reimbursed travel costs to and from your place of work and any additional travel you are required to undertake as part of your role with us. You will be reimbursed meal/drink costs on the days you are on an outing with a group and required to purchase a meal. This is capped at \$13 per meal including drinks. Should you be successful in gaining a volunteer position with us these benefits will be fully outlined as a part of your induction process.

Referees

We require the names and contact details of 2 referees who can talk to us about your previous work or volunteering history or skills/experience relevant to this volunteering role. It is important we get a sense of your work or volunteering history to ensure we get the best person to work with our participants and we are able to match you to the area most suited to your skills, experience and knowledge.



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| Referee 1 | | |
|----------------------------|--|--|
| Name: | | |
| Phone Number: | | |
| Email: | | |
| Relationship to applicant: | | |
| · | | |
| Referee 2 | | |
| Name: | | |
| Phone Number: | | |
| Email: | | |
| Relationship to applicant: | | |

Thank you for taking the time to fill in this application, could you please send this along with your resume to:

Human Resources

Headway Gippsland Inc.

16 Sinclair Street Drouin Vic 3818

hr@headwaygippsland.org.au

Following receipt of this a member of our team will be in contact with you to discuss your application.