

VOLUNTEERNG APPLICATION FORM

Personal Details

Please include legal work status ☐ Australian Citizen ☐ New Zealand Citizen ☐ Australian/NZ Resident ☐ Current Working Visa ☐ Other Visa Type Permit Expiry (if applicable)						
Title	First Name	Preferred	d Name	Surname		
Email Address						
Home Address						
Mailing Addr	ess					
Work Number Home		Home Number		Mobile Number		
Do you agree to be contacted from time to time to discuss your volunteering experience with us? ☐ Yes ☐ No						
Availal	oility				_	
□ Monday	Times		□ Tuesday	Times	_	
□ Wednes	sday Times		☐ Thursday	y Times	_	
□ Friday	Times		□ Saturda	ay Times	_	
□ Sunday	Times					
Details of Drivers Licence						
State/Countr	y of Issue	Classes	Held	Expiry Date		
Is your licence currently cancelled or suspended, or are you disqualified from holding or obtaining a licence? Yes No If YES - DETAILS:						
Has your licence ever been cancelled or suspended, or have you ever been disqualified from holding or obtaining a licence? Yes No If YES - DETAILS:						
Have you ever been convicted of a Traffic <u>OR</u> Criminal offence other that those stated above <u>ANYWHERE</u> in Australia or Overseas? Yes No If YES - DETAILS:						



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Qualifications

			-	
Please indicate your mos	st recent or highest qualification:			
☐ Fellowship	☐ Post Graduate Diploma	☐ Graduate Diploma		
☐ Certificate I	□ Certificate II	☐ Certificate III		
☐ Certificate IV	□ Diploma	□ Degree		
☐ Advanced Diploma	☐ Bachelor Degree	☐ State Certificate of Education		
☐ Masters	☐ Graduate Certificate	☐ Australian Recognised Trade Certificate		
□ Doctoral	□ Doctorate			
Highest Qualification Na	me			
Please list any other qua	lifications for this application			
General Inform	ation			
Where did you first hear	about this opportunity?			
Are you currently employ	red in any other Service Organisat	ion? □ Yes □ No		
Are you looking for Full/F If yes, please provide pos	art Time work in the future within tasible date.	this industry □ Yes □ No		
Exclusion of Vo	dunteer			
DASA requires an 'Ochre		new person's/employees, if the volur years of age.	nteering	
I agree that my volunteering with DASA is subject to the operation of any relevant checks and that I will submit an 'Ochre Card' prior to commencing any volunteer work.				
I consent to DASA collecting and retaining personal information and sensitive personal information, including about any criminal and employment history of mine, for the purposes of compiling with relevant checks.				
Diversity Data				
suit you, should you be use the information for sta and supplying the inform	nsuccessful in this application. Witistical purposes. Responding to t	identifying other opportunities whice have also asked the questions so hese questions is optional. By responsive collecting this information for statiscuss other opportunities.	we can nding to	
Country of B	rth	□ Male □ Female		



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Information for Australian Aboriginal and Torres Strait Islander Candidates

If you are an Australian Aboriginal or Torres Strait Islander person you may wish to contact our Outreach Unit on 08 8952 8412 or email: admin@dasa.org.au to access assistance with the application process. Disclosure of whether you are of Australian Aboriginal or Torres Strait Islander descent is optional.

DASA is committed to increasing the workforce participation of Australian Aboriginal and Torres Strait Islander people and to assist us in our commitment we would like to ask you some further questions. Whilst this information is used primarily for statistical purposes, Australian Aboriginal and Torres Strait Islander applicants may be contacted to discuss other opportunities where consent is provided. Responding to these questions is not mandatory.

Do you identify as being an Australian Aboriginal or Torres Strait Islander person?	□ Yes □ No
If 'yes' do you consent to being contacted by the DASA or the Outreach Team, to discuss other opportunities or your experience of the application process?	□ Yes □ No
To acciet us in our commitment we would like to ask you came further questions. Whilst	thic

To assist us in our commitment we would like to ask you some further questions. Whilst this information is used primarily for statistical purposes, applicants with a disability may be contacted to discuss other vacancies where consent is provided. Responding to these questions is not mandatory.

Do you have a disability?	☐ Yes ☐ No
If 'yes' do you consent to being contacted by the DASA or the Outreach Team, to discuss other opportunities or your experience of the application process?	□ Yes □ No

Candidate Declaration

I declare that all information provided is true and correct:					
Applicants Name	Signature	Date			

Privacy Statement

DASA is committed to protecting your privacy. The information provided by you will be used to assess, evaluate and process your application for volunteering. To process your application we may share your information with other agencies in finding a potential volunteer.