



## VOLUNTEER APPLICATION FORM

<b>Name:</b>	<b>Date:</b>
<b>Phone: (day)</b> <b>Phone: (mobile)</b> <b>Phone: (evening)</b> <b>Address:</b>	<b>Emergency Contact Details:</b> <b>Name:</b> <b>Address:</b>  <b>Phone:</b> <b>Email:</b> <b>Relationship:</b>
<b>Date of birth: (optional)</b>	<b>Email address:</b>
<b>Have you previously volunteered or been employed by IHC or IDEA Services:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes what was your role?</b>	
<b>Why do you wish to volunteer for IHC?</b>	
<b>Do you have prior voluntary experience?</b>	
<b>Do you have connections / experience working with disability? If yes, note details below:</b>	
<b>Please share any courses attended or qualifications that you have:</b>	

**Do you speak another language:**  Yes  No language: \_\_\_\_\_

**Availability:**  Weekdays  Week evenings  Weekends

Day(s) available (circle all that apply):      Mon    Tue    Wed    Thurs    Fri    Sat    Sun

**Do you have a current driver’s licence?**  Yes  No  
 Learner  Restricted  Full  International

As part of IHC’s police vetting process, you will be asked to complete the Consent to Disclosure of Information form. Failure to disclose convictions or criminal history is likely to disqualify you from being accepted as a volunteer. Do you have any criminal charges pending or have you had any convictions which could affect your application?  Yes  No

**Do you have any health issues that could impact your volunteer role?**

Yes  No      If yes, please provide details and any support needs required:

Please list details of three referees who can be contacted (former employers, colleagues or community members with at least two who are not a family member):

<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Phone:</b>	<b>Phone:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Relationship:</b>	<b>Relationship:</b>
<b>Email:</b>	<b>Email:</b>	<b>Email:</b>

I have completed this form to the best of my knowledge and understand that any false or misleading information may lead to my application being declined.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:  
 Volunteer coordinator: \_\_\_\_\_

Accepted       Referee checks completed       Police check completed

Declined       Letter sent \_\_\_\_\_ (Date)

Orientation Date \_\_\_\_\_  Driver’s license / proof of ID sighted