Thank you for your interest in volunteering with Port Phillip Community Group.

We would love to match your passions, skills and available time with one of our programs. Your answers to the following questions will assist us with this process and help us identify when the right opportunity for you becomes available. Thank you for taking the time to provide this information.

**Your Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: |  | | Date of birth: (dd/mm/yyyy) |  |
| Phone (mobile preferred): | |  | Residential Postcode: |  |
| E-mail: | |  | | |

**Skills and Qualifications**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you volunteered before? | | ☐ Yes | | ☐ No | | |
| What is your previous work experience?  (Please summarise. Dot points are fine) | |  | | | | |
| What are your key skills and qualifications? *(Just a short summary is fine)* | |  | | | | |
| Describe your proficiency in computer skills, including Microsoft Office | | ☐None at all ☐Very limited ☐Intermediate ☐Proficient with lots of experience | | | | |
|  | |  | | | | |
| Do you have any of the following? (Please tick all that apply) | | | | | | |
| ☐Working With Children check | ☐ Police check: | | ☐ Driver’s licence | | ☐ Other (please specify):­\_\_\_\_\_\_\_\_\_\_ | |
|  | | | | | | |
| Do you speak a language other than English? | | | ☐ Yes | | | ☐ No |
| Any other special skills you’d like to share with us?  (Please list) | | |  | | | |

**Your interests**

|  |  |
| --- | --- |
| Which area/s of work are you interested in volunteering for with us? (Select all that apply) | |
| ☐ Reception/front desk service and administration support | ☐ Social meals support |
| ☐ Community engagement, recreational and wellbeing activities support | ☐ Alma Road Community House activities |
| ☐ General duties support (eg. maintenance, cleaning, repairs and odd jobs) | ☐ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What’s brought you to apply for volunteering with Port Phillip Community Group? | | | | | | |
| ☐ I am interested in getting involved in the community | | | ☐ I am studying and looking for a volunteer placement to support this and gain experience | | | |
| ☐ I am looking to change career paths and would like to try my hand in a new field of work | | | ☐ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | |  | | | |
| Are you a jobseeker? | ☐ Yes | ☐ No | | Are you volunteering as part of Centrelink obligations? | ☐ Yes | ☐ No |

**Your availability**

|  |  |
| --- | --- |
| How many days a week are you looking to volunteer? |  |
| Is there a specific period of time you are looking to volunteer for? | |
| ☐ Up to 3 months | ☐ Between 3 to 6 months |
| ☐ More than 6 months | ☐ As long as I’m needed |
| ☐ Not sure | ☐ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| On which days are you available for volunteering? (Tick all that apply) | |
| Monday morning | Monday afternoon |
| Tuesday morning | Tuesday afternoon |
| Wednesday morning | Wednesday afternoon |
| Thursday morning | Thursday afternoon |
| Friday morning | Friday afternoon |
| Saturday morning | Saturday afternoon |
| I can be available any day of the week - morning | I can be available any day of the week - afternoon |

|  |  |
| --- | --- |
| From which date are you available to start? |  |

**Other Information** *(the following information is requested for statistical purposes)*

|  |  |
| --- | --- |
| How did you hear about Port Phillip Community Group? | |
| ☐ Word of mouth | ☐ Another community service organisation |
| ☐ Social media (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Council |
| ☐ Online search | ☐ Newspaper/radio |
| ☐ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Volunteer Authorisation**

I authorise Port Phillip Community Group to release information to partner community organisations for the purpose of assisting with obtaining a volunteer position. I also give my consent for my details being entered into Port Phillip Community Group’s volunteer database to be used for volunteering related purposes.

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for taking the time to complete this form.**

**Please submit by email to info-support@ppcg.org.au**