

Confidential Volunteer Application Form

Vocational Mentoring Exchange

Please use BLOCK letters. If you require extra space, please attach additional pages.

Part A - Personal Details

Surname

Given Names

Preferred Name

Gender: ☐ Male ☐ Female ☐ Other

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Address

Postcode:

Postal Address

Postcode:

Telephone Home:

Work:

Mobile:

Email

Date of Birth

Volunteers must be over 18

☐ Australian Citizen ☐ Permanent Resident

☐ Entitled to live and work in Australia

Prior Volunteering: I have previous volunteering experience. If yes, with who?

I have previously or am currently volunteering with EdConnect . Yes ☐ No ☐

Working with
Children Card:

I have a current WWC card

Yes ☐

No ☐

If yes: Card Number

Expiry

Part B - Emergency Contact Information

Emergency Contact

Name:

Telephone:

Do you have any issues we should be aware of (health, mobility)?

Part C - School Information and Availability

Please indicate from the list your preferred option(s)

Preferred School & Time

Term 3 (August - September)

Thursdays in Reservoir 11:00am - 1:20pm

Terms 3 & 4 (August - October)

Tuesdays in Brunswick 11:00am - 12:40pm

Wednesdays in Glenroy 10:00am -12:00pm

Wednesdays in Coburg 1:20pm -3:00pm **Term 4 (October - November)**

Part D - Experience and Interests/Hobbies

Please indicate from the list your experience and interests

Experience

Agriculture & Natural Resources
Architecture & Construction
Arts - Visual, Audio, Tech & Communications
Business Management & Administration
Education & Training
Finance
Government & Public Administration Health
Science
Hospitality & Tourism
Human Services
Information Technology
Law, Public Safety, Corrections & Security
Manufacturing
Marketing, Sales & Service
Science, Technology, Engineering, Mathematics
Transportation, Distribution & Logistics
Other - list below

Interests/Hobbies:

Art, Photography, Music
Cooking
Computer Games
Fishing , Camping & Hiking
Gardening
Travel
Theatre & Dance
Sewing, Knitting & Crafts
Sports
Volunteering
Other - list below

Part E - Referees

Please provide TWO referees who are NOT family members and who have known you for at least TWO years. Where possible please include email addresses. These people will be contacted prior to acceptance of your application. Please let your referees know that we will be contacting them.

Referee 1:	Name:	
	Telephone (office hours):	
	Email:	
	Position/Relationship to you:	
Referee 2:	Name:	
	Telephone (office hours):	
	Email:	
	Position/Relationship to you:	

Part F - Other Information

Ethnicity: *This information is collected for statistical purposes. Please select one only. Source: 1249.0 - Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG), 2020*

<input type="checkbox"/> Aboriginal &/or Torres Strait Islander	<input type="checkbox"/> Oceanian Australia, New Zealand
<input type="checkbox"/> North West European	<input type="checkbox"/> Southern & Eastern European
<input type="checkbox"/> North African & Middle Eastern	<input type="checkbox"/> South East Asian
<input type="checkbox"/> North East Asian	<input type="checkbox"/> Southern & Central Asian
<input type="checkbox"/> Peoples of the Americas	<input type="checkbox"/> Sub Saharan African

How did you hear about the program?	<input type="checkbox"/> Brochure/Flyer	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Presentation
	<input type="checkbox"/> School	<input type="checkbox"/> Media Radio/Newspaper	<input type="checkbox"/> Volunteer Centre
	<input type="checkbox"/> Internet	<input type="checkbox"/> Workplace	
	<input type="checkbox"/> Other (please specify)		

Part G - Training

All volunteers are required to undertake training prior to commencement. I will make myself available to attend one of the following training sessions:

TRAINING DATES AND TIMES TBA

Part H - Declaration/ Submission

Volunteer Information Sharing

I agree to my personal information being disclosed to relevant third parties (including but not limited to schools, relevant state department of Education, and child protection agencies)

Yes ☐ No ☐

Volunteer Image Use and Identification

I give permission for EdConnect Australia and the Inner Northern Local Learning and Employment Network to use images of me for training and publicity purposes. I also agree to being identified when images of me are used for training and publicity purposes.

Yes ☐ No ☐

Applicant Signature:

Date:

(Please type name)

Submit Form

Please note: If you experience any difficulties submitting this form, please save a PDF copy and email to: helen.anderson@edconnect.org.au

Please note: PRIVACY ACT: The use of all information obtained adheres to the guidelines stipulated in the Privacy Amendment Act 2000. Any personal data collected will be treated as confidential, in line with the principles of the Privacy Amendment Act 2000.

For more information about the application process:

Call: 0498 016 337

Email: helen.anderson@edconnect.org.au

For more information about the program:

Visit website: www.inllen.org.au.vme

Email: info@inllen.org.au

Facebook: [@mentoringmattersVME](https://www.facebook.com/mentoringmattersVME)

