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| **PERSONAL INFORMATION** |
| Full Name: |       |       |
|  Last | First |  |
| Address: |       |       |
|  Apartment/Unit # | Street Address |
|  |       |       |       |
|  Suburb State Postcode |
| Home Phone: |       | Alternate Phone: |       |
| E-mail Address: |       | Birth Date: |       |
|  |  |  |  |
| **PREFERENCES** |
| **Hours:** | **Days available:** |
| I would like to complete       hours of volunteering work per week. | I am available to work on the following days:       |
| **Location:** |  |
| My preferred Mambourin locations are:       |
| **Tasks:** |
| Mambourin has volunteering opportunities in many parts of our organisation. Please detail what volunteering tasks you are interested in doing:Disability Support Worker tasks at Mambourin Day Services [ ] Warehousing tasks at Mambourin’s Australian Disability Enterprises (ADE) Warehouse [ ] Warehousing and mentoring tasks at Mambourin’s Traineeship Warehouse [ ] Administration tasks [ ] Other [ ]  (Please Detail):       |
| **QUALIFICATIONS, EXPERIENCE, INTERESTS & HOBBIES** |
| Please list any relevant qualifications or experience, and detail any interests or hobbies you have:  |
|       |
|  |
| **EMERGENCY CONTACT INFORMATION** |
| Full Name: |       |       |
|  Last | First |  |
| Address: |       |       |
|  Apartment/Unit # | Street Address |
|  |       |       |       |
|  Suburb State Postcode |
| Home Phone: |       | Alternate Phone: |       |
| Relationship: |       |

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| **Medical Conditions**  |
| Please note any known allergies or medical conditions that may affect you during your working hours e.g. epilepsy, diabetes including management strategies and/or medication. |
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| **REFERENCES**  |
| Mambourin will need to conduct a reference check as part of the volunteer selection process. Please list details of two references including **at least** one professional reference. |
| **Referree 1**Name:      Contact Number:      Relationship to Volunteer:      **Referree 2**Name:      Contact Number:      Relationship to Volunteer:       |