|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | |  | | | | | | | | |

|  |
| --- |
| **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. |
|  |

|  |
| --- |
| **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: |