# VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Road Trauma Support Services Victoria. To help us place you in an area to which you are best suited, and which we hope you will find fulfilling, please take the time to answer a few questions.

Completion of this application form is a part of the volunteer recruitment and selection process. Next steps will typically involve an interview, police checks, and then orientation and training appropriate to the type of volunteer work being undertaken.

## PERSONAL DETAILS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | |
| Mobile phone |  | | | | | | | | |
| Home phone |  | | | | Work phone | | |  | |
| Address |  | | | | | | | | |
| Suburb |  | | | | | | Postcode | |  |
| Email |  | | | | | | | | |
| Date of birth |  | | | | | | | | |
| Languages spoken at home? | | |  | | | | | | |
| Do you identify as Aboriginal or Torres Strait Islander?  Yes  No | | | | | | | | | |
| Ethnic group you identify with? | | |  | | | | | | |
| Language used | |  | | Nationality | |  | | | |

## EXPERIENCE AND REFERENCES (OPTIONAL)

Please list the last paid position you have held:

|  |  |  |  |
| --- | --- | --- | --- |
| Position |  | | |
| Organisation |  | | |
| Duration |  | | |
| Referee |  | Phone |  |

Please list the last volunteer position you have held:

|  |  |  |  |
| --- | --- | --- | --- |
| Position |  | | |
| Organisation |  | | |
| Duration |  | | |
| Referee |  | Phone |  |

There are many areas in which you can volunteer. Please tick those areas in which you may be interested.

|  |  |
| --- | --- |
| Peer support  Support group co-facilitator  Volunteer speaker to traffic offenders  Volunteer speaker to the media | Volunteer speaker to community groups  Fundraising and marketing  Administration  ‘Time for Remembering’ ceremony |

As some positions require a waiting time, and some positions require training, it may be some time before we can offer you work. However you are important to us and we will be in contact.

## AVAILABILITY (PLEASE TICK)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**Frequency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekly | Fortnightly | Monthly | Occasionally | Other |

## SKILLS/EXPERIENCE/TRAINING/INTERESTS

|  |  |
| --- | --- |
| Experience and skills? | |
| What has been your experience of road trauma? | |
| When did this occur? | |
| Did you receive, or are you receiving professional support from: (tick appropriate box/es) | |
| GP  Counsellor | Other  Psychiatrist |
| What are your reasons for wanting to become a volunteer at RTSSV? | |
| What do you think you will bring to the role? | |
| Are you waiting on the outcome of any court cases or legal hearings?  Yes  No | |
| Please give a brief outline: | |

## PLEASE RETURN TO

Road Trauma Support Services Victoria

PO Box 1283, Blackburn VIC 3130

Email: office.manager@rtssv.org.au