



Katoomba Neighbourhood Centre

V o l u n t e e r

Registration of Interest

please check appropriate box's with an X

please note that all information will be kept in strictest confidence

Section One: About You							
Title:		Given Names:				Surname:	
Date of Birth:		Gender	<input type="checkbox"/> Male			<input type="checkbox"/> Female	
Phone:	(H)		(W)			(M)	
Email:							
Street Address							
Address:							
Suburb:		State:		Postcode:			
Postal Address							
As Above?	<input type="checkbox"/> Yes				<input type="checkbox"/> No		
Address:							
Suburb:		State:		Postcode:			

Additional Details							
Do you identify as an Aboriginal or Torres Strait Islander?							
<input type="checkbox"/> Yes				<input type="checkbox"/> No			
Do you have any medical/health conditions or special requirements we should be aware of?							
<input type="checkbox"/> Yes				<input type="checkbox"/> No			
<i>add anything here you may wish to discuss around medical/health needs</i>							
Do you have any special needs or disabilities?							
<input type="checkbox"/> Yes				<input type="checkbox"/> No			
<i>add anything here you may need to discuss around special needs/disabilities</i>							

How would you like to receive your correspondence from us? <i>(Newsletters, training calendars and any other information appropriate to KNC volunteers)</i>							
<input type="checkbox"/> Email				<input type="checkbox"/> By Post			<input type="checkbox"/> Other

Please tick all the languages you speak							
<input type="checkbox"/> English	<input type="checkbox"/> Sign	<input type="checkbox"/> Italian	<input type="checkbox"/> German	<input type="checkbox"/> French			
<input type="checkbox"/> Greek	<input type="checkbox"/> Spanish	<input type="checkbox"/> Serbian	<input type="checkbox"/> Croatian	<input type="checkbox"/> Tagalog			
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Dinka (South Sudan)			
<input type="checkbox"/> Urdu	<input type="checkbox"/> Arabic	<input type="checkbox"/> Hindi	<input type="checkbox"/> Tamil	<input type="checkbox"/> Other : >			

What is your current legal status?							
<input type="checkbox"/> Citizen				<input type="checkbox"/> Refugee			<input type="checkbox"/> Work Visa
<input type="checkbox"/> Holiday Visa				<input type="checkbox"/> Resident			<input type="checkbox"/> Other : >

What is your employment status?							
<input type="checkbox"/> Short Term Unemployed	<input type="checkbox"/> Long Term Unemployed	<input type="checkbox"/> Student			<input type="checkbox"/> Retired		
<input type="checkbox"/> Home Duties	<input type="checkbox"/> Working Part Time	<input type="checkbox"/> Working Full Time			<input type="checkbox"/> Other : >		



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Volunteer

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Section Two: Volunteering

Do you have experience of working as a volunteer?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes please specify,

Do you have skills or training that you'd like to use as a volunteer?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes please specify,

What are your motivations for volunteering? You may tick more than one

<input type="checkbox"/> Centrelink Requirement	<input type="checkbox"/> To gain experience for full time employment	<input type="checkbox"/> To help Others
<input type="checkbox"/> To try something different / new	<input type="checkbox"/> To give back to the Community	<input type="checkbox"/> To improve my self-confidence
<input type="checkbox"/> To gain local experience	<input type="checkbox"/> To grow/maintain skills	<input type="checkbox"/> To improve my Social/Communication Skills
<input type="checkbox"/> Medical Requirement/ Rehabilitation	<input type="checkbox"/> To practise English	<input type="checkbox"/> To utilise my spare time well
<input type="checkbox"/> To meet people / make friends	<input type="checkbox"/> To learn about the community care sector	

Is there anything else you'd like to add?

What type of volunteer work would you prefer to do? You may tick more than one

<input type="checkbox"/> Administration / Clerical	<input type="checkbox"/> Arts / Crafts	<input type="checkbox"/> Driving
<input type="checkbox"/> Reception / Info Desk / Customer Service	<input type="checkbox"/> Disability Care / Disability Recreation / Disability outings	<input type="checkbox"/> IT/Computer
<input type="checkbox"/> Aged Care & Companionship / Aged Recreation / Aged outings	<input type="checkbox"/> Home Visiting / Centre Visiting	<input type="checkbox"/> Sitting on management committees
<input type="checkbox"/>	<input type="checkbox"/> Handyperson / Maintenance	<input type="checkbox"/> Mentoring, training or tutoring
<input type="checkbox"/> Working with children 5 – 12 years	<input type="checkbox"/> Gardening / Outdoors	<input type="checkbox"/> Assist at / or with Fund Raising Events

Is there anything else you'd like to add?



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What level of administrative/computer & IT skills do you have? You may tick more than one	
Type of Administrative Work	Skill Level (beginner, intermediate, advanced)
Reception – answering phones, taking messages	
Filing, typing	
Customer Service, Information Desk	
Microsoft Word	
Microsoft Excel	
Microsoft Access	
Projectionist	
Multimedia/Video Editing/Graphics	
Is there anything else you'd like to add regarding administration/reception/customer service/IT skills?	

When are you available? This is rough guide and not an indication of commitment																			
Monday		AM		PM	Tuesday		AM		PM	Wednesday		AM		PM	Thursday		AM		PM
Friday		AM		PM	Saturday		AM		PM	Sunday		AM		PM					

What Drivers Licence do you hold?			
<input type="checkbox"/> C – Car	<input type="checkbox"/> MR – Medium Rigid	<input type="checkbox"/> HR – Heavy Rigid	
<input type="checkbox"/> LR – Light Rigid	<input type="checkbox"/> MC – Motorcycle	<input type="checkbox"/> None	
Do you own your own vehicle?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is your vehicle comprehensively insured?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Would you be willing to use your vehicle in your volunteering?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

<input type="checkbox"/>	I agree to attend the Work Health & Safety training and other training as directed (usually a half day training)
<input type="checkbox"/>	I agree to work safely and follow approved safe methods of work
<input type="checkbox"/>	I agree to abide by Katoomba Neighbourhood Centre's Code of Conduct

Signature:		Date:	
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Please deliver, post/fax or email the completed form to the contact details below and you will be contacted to discuss your application. **please note that all information will be kept in strictest confidence**

Phone: 02 47821117
 Fax: 02 47826304
 Email: support@kncinc.org.au
 Website: www.kncinc.org.au
 8-10 Station St (PO BOX 197)
 Katoomba NSW 2780