

VOLUNTEER APPLICATION FORM

V220224

GPAI Member #

Date: _____

First Name: _____ Last Name: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____

Home Phone: _____ Mobile: _____ MALE / FEMALE

AGE GROUP Date of Birth: ____/____/____

How did you hear about GPAI?

0 - 17

35 - 49

GPAI Website

Word of Mouth

18 - 24

50 - 64

Job Network Provider

Newspaper/TV/Radio

25 - 34

65 +

Centrelink

Social Media

Do you have a current Blue Card? YES/ NO

#

EXP

What is your current work status? (Please tick one box)

Full-Time Worker

☐
☐

Part-Time Worker

☐

Job Seeker

☐

Student

☐

Homemaker

☐

Other

Do you have experience in any of the following areas?

Carpentry/Trades

☐
☐
☐

Sewing/Haberdashery

☐
☐
☐

Community Work

☐
☐
☐

Disability Services

Sports Coaching

Office/Admin

Retail Sales

Info Technology

Pastoral Services

Do you identify as one (or more) of the following groups? (If Yes tick box - if No leave blank)

Disabled

☐

Non-English Speaking Background

☐

Indigenous

☐

What is your primary motivation for volunteering?

When are you available to volunteer?

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

Weekends

☐

Floater
(On Call)

☐

Please tick the GPAI area you would like to volunteer in...

GPAI Creative	<input type="checkbox"/>	GPAI Golf Programs	<input type="checkbox"/>	GPAI Admin	<input type="checkbox"/>
GPAI Sewing	<input type="checkbox"/>	GPAI Fundraising	<input type="checkbox"/>	GPAI Website	<input type="checkbox"/>
GPAI Events	<input type="checkbox"/>	GPAI Pro Shop	<input type="checkbox"/>		

Do you have a current First Aid Certificate? YES / NO No. _____ EXP _____

Do you have a current CPR Certification? YES / NO No. _____ EXP _____

Do you have a current Driver's Licence? YES / NO No. _____ EXP _____

Do you have a current Bus Licence? YES / NO No. _____ EXP _____

Volunteer Experience

Organisation: _____ Date/Year Volunteered: _____

Organisation: _____ Date/Year Volunteered: _____

What is your general work history? _____

What skills, experience or qualifications can you bring to GPAI as a volunteer? _____

Have you read our Volunteer Guidelines ("Please Consider")? YES / NO

Please advise of any relevant health issues that may affect your duties as a volunteer.

Wrist ☐ Knee ☐ Injury ☐ Epilepsy ☐ Other ☐

**GPAI Volunteer
Polo Shirt
What is Your Size?**

Referees - Please provide the name and contact numbers of two people who are willing to act as referees for you and who have known you either personally or professionally for at least 12 months.

Ref #1 Name: _____ Mobile: _____

Ref #2 Name: _____ Mobile: _____

Signed: _____ Date: _____

GPAI OFFICE USE ONLY - GPAI VOLUNTEER APPLICATION

Date Applied: ____/____/____ Date Approved: ____/____/____

GPAI Volunteers are asked to become financial members (Insurance Purposes)
COST \$ 5.00 INC GST ANNUAL MEMBERSHIP

Paid ☐ Receipt No. _____ Member No. _____

President / Secretary Signature: _____/_____