

Volunteer Application Form

Name:

Address:				· ·
Phone No/s: Email:				
	nen calling these WA AIDS Counci		identify ourselves as I	peing from the Freedom
			Yes / No / Mobile No	only
Pronouns (eg. 7 Date of birth: Means of trans Class of Licens	port:			- - - -
Person to cont	act in case of Er	mergency		
Name: Address:				
Phone:	(day time)	(a/h)		
Have you ever	been convicted	d of a criminal offen	ce? YES / NO	
If yes, please g	ive details (year	r and nature of offer	nce)	
(Please note: a	criminal offenc	se does not necessa	rily exclude you from y	colunteering at the

(Please note: a criminal offence does not necessarily exclude you from volunteering at the Freedom Centre or WAAC)

At the WA AIDS Council/Freedom Centre, we are required to obtain police checks on volunteers working in particular programs. Do you give permission for us to obtain a police check on you? YES / NO



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Do you have any issues with your health that may prevent you from doing certain ta please explain. (eg: unable to sit for long periods of time due to back injury etc.)	sks? If so,
The following questions are to enable the Freedom Centre team to get the skills, knowledge and attributes you bring with you to the Centre.	to know
Have you ever been a Freedom Centre visitor? YES / NO If so, for how long and in what year/s?	
How did you hear about the Freedom Centre Volunteer Program?	
Why do you wish to volunteer for the Freedom Centre?	
Have you worked in a volunteer organization before? If so, who for, for how long an your position?	d what was
What skills, knowledge and attributes would you bring to the Freedom Centre as a V Staff Member?	olunteer
Do you speak/understand or write a language other than English?	
List some of your interests and briefly explain why you like them.	



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The Freedom Centre is a youth peer based program, so it is possible that your friends may be visitors or you may want to be friends with a visitor. How would you handle this situation?
Your own sexuality and gender will be relevant to this volunteer role as FC is a peer-based service. In the past we have only had LGBTIQ Peer volunteers, however we now also have Straight-Ally volunteers too. Which kind will you be? What advantages will that have for your role as a volunteer? What limitations or considerations could be involved? LGBTIQ Peer Volunteer Straight Ally Volunteer
What else would you like to tell the Freedom Centre? (this is your chance to let us know!)
PUBLICATIONS The WA AIDS Council produces several publications which are available to volunteers. VOLUNTEER ENEWSLETTER: Quarterly publication sent to all current volunteers and containing articles and information specific to WAAC and Freedom Centre volunteers including upcoming
training, policies and procedures and contributions by volunteers I would like to receive this newsletter by post email

RECORD KEEPING & PRIVACY

Our agency is required to protect your privacy in the delivery of services and conduct of business. All information collected about volunteers at the WA AIDS Council is confidential and accessible only to the Volunteer Administrator and staff members directly related to the individual's volunteering. Volunteer records are stored securely.

Volunteers can access their own records at any time by contacting the WAAC Volunteer Coordinator on 9482 0000 and organising a time.