

# Confidential Volunteer Application Form

## Vocational Mentoring Exchange

Please use BLOCK letters. If you require extra space, please attach additional pages.

### Part A - Personal Details

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender:  Male  Female  Other

Title  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ *Volunteers must be over 18*

Australian Citizen  Permanent Resident  
 Entitled to live and work in Australia

Prior Volunteering: I have previous volunteering experience. If yes, with who?  
 \_\_\_\_\_  
 I have previously or am currently volunteering with EdConnect . Yes  No

Working with Children Card: I have a current WWC card Yes  No   
 If yes: Card Number \_\_\_\_\_ Expiry \_\_\_\_\_

### Part B - Emergency Contact Information

#### Emergency Contact

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have any issues we should be aware of (health, mobility)?

\_\_\_\_\_

## Part C - School Information and Availability

*Please indicate from the list your preferred option(s)*

**Preferred School & Time**

Program runs during TERM 2 : 14th April - 26th June

Glenroy Neighbourhood Learning Centre: WEDNESDAYS 10:00am - 12:00pm

William Ruthven Secondary College: THURSDAYS 11:00 - 1:20pm

## Part D - Experience and Interests/Hobbies

*Please indicate from the list your experience and interests*

**Experience**

Agriculture & Natural Resources  
Architecture & Construction  
Arts - Visual, Audio, Tech & Communications  
Business Management & Administration  
Education & Training  
Finance  
Government & Public Administration Health  
Science  
Hospitality & Tourism  
Human Services  
Information Technology  
Law, Public Safety, Corrections & Security  
Manufacturing  
Marketing, Sales & Service  
Science, Technology, Engineering, Mathematics  
Transportation, Distribution & Logistics  
Other - list below

**Interests/Hobbies:**

Art, Photography, Music  
Cooking  
Computer Games  
Fishing , Camping & Hiking  
Gardening  
Travel  
Theatre & Dance  
Sewing, Knitting & Crafts  
Sports  
Volunteering  
Other - list below

## Part E - Referees

Please provide TWO referees who are NOT family members and who have known you for at least TWO years. Where possible please include email addresses. These people will be contacted prior to acceptance of your application. Please let your referees know that we will be contacting them.

Referee 1:           Name: \_\_\_\_\_  
                          Telephone (office hours): \_\_\_\_\_  
                          Email: \_\_\_\_\_  
                          Position/Relationship to you: \_\_\_\_\_

Referee 2:           Name: \_\_\_\_\_  
                          Telephone (office hours): \_\_\_\_\_  
                          Email: \_\_\_\_\_  
                          Position/Relationship to you: \_\_\_\_\_

## Part F - Other Information

**Ethnicity:** *This information is collected for statistical purposes. Please select one only. Source: 1249.0 - Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG), 2020*

<input type="checkbox"/> Aboriginal &/or Torres Strait Islander	<input type="checkbox"/> Oceanian Australia, New Zealand
<input type="checkbox"/> North West European	<input type="checkbox"/> Southern & Eastern European
<input type="checkbox"/> North African & Middle Eastern	<input type="checkbox"/> South East Asian
<input type="checkbox"/> North East Asian	<input type="checkbox"/> Southern & Central Asian
<input type="checkbox"/> Peoples of the Americas	<input type="checkbox"/> Sub Saharan African

How did you hear about the program?

<input type="checkbox"/> Brochure/Flyer	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Presentation
<input type="checkbox"/> School	<input type="checkbox"/> Media Radio/Newspaper	<input type="checkbox"/> Volunteer Centre
<input type="checkbox"/> Internet	<input type="checkbox"/> Workplace	
<input type="checkbox"/> Other (please specify)		

## Part G - Training

All volunteers are required to undertake training prior to commencement. I will make myself available to attend one of the following training sessions:

**Training will be held in Brunswick from 9:00am - 4:00pm** \_\_\_\_\_

Saturday 21st March (TBC)

Wednesday 25th March

Thursday 26th March

## Part H - Declaration/ Submission

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### Volunteer Information Sharing

I agree to my personal information being disclosed to relevant third parties (including but not limited to schools, relevant state department of Education, and child protection agencies)

Yes  No

### Volunteer Image Use and Identification

I give permission for EdConnect Australia and the Inner Northern Local Learning and Employment Network to use images of me for training and publicity purposes. I also agree to being identified when images of me are used for training and publicity purposes.

Yes  No

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Applicant Signature:

Date:

(Please type name)

## Submit Form

**Please note:** If you experience any difficulties submitting this form, please save a PDF copy and email to: [helen.anderson@edconnect.org.au](mailto:helen.anderson@edconnect.org.au)

**Please note: PRIVACY ACT:** The use of all information obtained adheres to the guidelines stipulated in the Privacy Amendment Act 2000. Any personal data collected will be treated as confidential, in line with the principles of the Privacy Amendment Act 2000.

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For more information about the application process:

Call: 0498 016 337

Email: [helen.anderson@edconnect.org.au](mailto:helen.anderson@edconnect.org.au)

For more information about the program:

Visit website: [www.inllen.org.au.vme](http://www.inllen.org.au.vme)

Email: [info@inllen.org.au](mailto:info@inllen.org.au)

Facebook: [@mentoringmattersVME](https://www.facebook.com/mentoringmattersVME)

