

Bird Aid

VOLUNTEER APPLICATION FORM

Personal / contact details:	
Date	/ /
Name	
Address	
Phone 1	
Phone 2	
Email address	
Preferred method of contact	
Current occupation / study	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <u>Details:</u> <input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <u>Details:</u>
Emergency Contact Details: Name: Relationship to you: Phone 1: Phone 2:	
Birthday	

Referees. Please provide the name and contact details of at least one referees:

Name: Male Female

Phone1: Phone2:

Relationship to you:

Name: Male Female

Phone1: Phone2:

Relationship to you:

Experience and qualifications. Please provide details of experience relevant to this role

Please tick any of these skill areas if they relate to you:

- Experience working with young people
- Experience working with vulnerable people

Please elaborate on these experiences in the space below:

Languages spoken	
Other voluntary work	
Hobbies / Interests	

Where did you hear about this program?

Any special needs or reasonable adjustments to consider

Personal Information:

Age	<input type="checkbox"/> <18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 55+
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Hours of work

Monday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>	All Day	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>	All Day	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>	All Day	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>	All Day	<input type="checkbox"/>
Friday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>	All Day	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>	All Day	<input type="checkbox"/>
Are You Flexible	Yes <input type="checkbox"/> No <input type="checkbox"/>						

Privacy statement:

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work in Bird Aid. The information may also be required for evaluation purposes.

Please tick if you would like to receive regular newsletters

By signing this form I attest that the information supplied is true and accurate.

I understand that submitting this application form does not automatically register me a volunteer but that there is a selection process including completion of a satisfactory Working With Vulnerable Adult. I confirm that I am willing to volunteer in Brd Aid for at least a 3 month period and to attend Brd Aida minimum of one shift each fortnight.

Signature:

Name:

Date:

Bird Ad is committed to the safety and wellbeing of all vulnerable people accessing our service. We ensure a person -safe environment is maintained at all times. We also support the rights and wellbeing of our staff and volunteers and encourage their active participation in building and maintaining a secure environment for all participants.