



Date: _____

Personal Details:

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Date of Birth: _____

Occupation: _____

Contact Numbers:

Phone: _____ Mobile _____

Fax: _____ Email: _____

Why do you want to volunteer at ICLA?

Please list any previous volunteer experience

Please list any relevant skills and qualifications

In the event of an emergency please nominate a contact person.

Name: _____ Relationship to you: _____

Contact No: _____

Have you been involved with ICLA before? Yes No

If yes, in what capacity? _____

Please indicate which areas you are interested in volunteering in: (✓)

Recreation activities with residents		
Workshops & lifestyle activities i.e. art / music therapy		
Domestic Activities – indoors		
Domestic Activities - outdoors		
Administration / Office Work		
Events		
Fundraising		
Teaching		

Other unspecified areas you would like to volunteer in:

Do you have a current driver’s license? Yes No

If yes, what type of car insurance do you have? *You will be reimbursed for petrol/travel.*

Third party Full Comprehensive

Do you have any medical conditions that ICLA should be aware of?



How much time do you have available for volunteer work?

Weekly Fortnightly Monthly Emergency

Times Available:

	Starting Time	Finishing Time	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

How did you hear about volunteering at ICLA?

Referees: Please give names and contact details of 2 referees:

Proof of Identity

At the interview with the Volunteer Manager you will be requested to produce identification documents to confirm your identity.

Please see the attached Evidence Certificate form to ascertain which forms you must present at the interview.

Mandatory Police Checks

All potential Volunteers must sign a National Criminal Record Check Consent to Obtain Personal Information Form. Please see the attached Approval to Obtain a Criminal Record Check form. If you have had a police check in the past 6 months please attach a copy if possible.

Confidentiality Statement

All potential volunteers must sign a Confidentiality Statement.

ICLA will treat all information disclosed in this application as confidential.

Please return this application form to:
Nick Maoudis
Volunteer Manager
Independent Community Living Association
Suite 76, Level 7
8-24 Kippax Street Surry Hills

P O Box K305 Haymarket NSW 1240

Phone: (02) 9281 3338
Fax: (02) 9281 3339
Email: info@icla.org.au