



Volunteer Application Form

Na	ime:							
Ac	ldress:							
Te	lephone: (Home)		(Work)	(Mobile)				
En	nail:							
Da	ate of Birth:							
Da	ate:		Signature:					
W	hat volunteer role(s) wou	ld intere	st you most? (tick a	all that apply)				
	Assisting with administrative roles at the District Council of Grant Office (hours negotiable, in business hours)							
	'Geared 2 Drive' program. (Supervising driver; 1:1 mentor role to support young learner drivers; use of brand new Hyundai i20, fitted with dual brake for safety; program operates from DCG site; 2 hours per week; week days only)							
PΙ	ease explain your choice							
Ple	ease provide a brief sum	mary of	your education/qua	lifications and skills a	and experience:			
_								
Hi	ghest level of education of	complete	ed:					
S	rimary school or less econdary school ertificate/ Diploma		Associate/ Adva Bachelor Degre Post-grad Diplo	-				

Have you completed training in any of these areas	?						
☐ Cultural awareness							
☐ Mental health issues							
Drug and alcohol issuesAnger/ conflict management							
- 7 mgor/ commot management							
Administration roles I am interested in/ have skills in: (Please leave this section blank if you only want to work directly with young people)							
□ Data entry							
☐ Filing							
□ Research □ Web design							
☐ Newsletters							
☐ Preparing care packs for young people							
Other:							
Are you currently employed?	Are you currently studying?						
☐ Yes - part-time/ casual	☐ Yes - part-time						
☐ Yes - full time	☐ Yes - full time						
□ No	No						
If yes, who is your employer?	If yes, what are you studying?						
Volunteers working with young people are required Child Safe Environments- Reporting Abuse and Ne specific modules.							
Are you willing to undertake training provided by DCG? Yes □ No □							
All volunteers are required to undergo a National Police Clearance and Department for Communities and Social Inclusion Clearance (applied for and funded by DCG).							
Are you willing to undergo a National Police Clearance and Department for Communities and Social Inclusion Clearance? Yes \(\Pi\) No \(\Pi\)							
How often are you available to volunteer?							
☐ 2 hours per week (G2D) (mentor)	☐ 1 hour per week (admin only)						
more than 4 hours per week	1 hour per fortnight (admin only)						
	1 hour per month (admin only)						

Do you have a current drivers licence?	☐ Yes		0				
Do you have your own motor vehicle?	☐ Yes)				
Please provide the names and contact duseful as we often have difficulty contact			nt referees. (Email contact details are				
Name:							
Position/ Organisation:							
Phone:							
Email:							
Nature of relationship:							
How long you have known them:							
Name:							
Position/ Organisation:							
Phone:							
Email:							
Nature of relationship:							
How long you have known them:							
N.B. Please include at least one professional referee. Character references will be accepted if they are not immediately related.							
The following information is appreciated for reporting requirements.							
How did you find out about DCG's volun	teer progra	am?					
Please indicate if you identify as:							
Aboriginal Torres Strait Island	er 🗅	Both					
What is your country of birth?							
What language do you usually speak at	home?						
Please return to:							
Geared2Drive Program 324 Commercial Street West (PO Box 724) Mount Gambier SA 5290							

Facsimile:

Phone:

08 8721 0443 08 8721 0410

Email: info@dcgrant.sa.gov.au