

New Role: Tell us a little about yourself ☺

Personal Information:

MR MRS MISS MS DR Other ()

Last Name _____ First Name _____

Address _____ Postcode _____

Date of Birth _____ Phone Number _____

Email: _____

Allergies: _____

Medical / Mental Health Conditions: _____

Emergency contact person: _____

Emergency contact's number: _____

I give consent for an ambulance to be called and for medical treatment to be provided in the event of an emergency if deemed necessary by LIVEfree Project. (Please tick confirm your consent)

Qualifications:

- | | |
|---|--|
| <input type="checkbox"/> Chaplain Cert IV | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Mental Health First Aid | <input type="checkbox"/> Community Services Diploma |
| <input type="checkbox"/> Food Service + Preparation | <input type="checkbox"/> Youth Worker Diploma |
| <input type="checkbox"/> Case Worker | <input type="checkbox"/> Health Worker – Nurse |
| <input type="checkbox"/> Therapist | <input type="checkbox"/> TAE Trainer / Program Facilitator Cert IV |
| <input type="checkbox"/> Disability Worker | <input type="checkbox"/> Barrister |
| <input type="checkbox"/> Legal professional | <input type="checkbox"/> Social Work Degree |
| <input type="checkbox"/> Social Science Degree | <input type="checkbox"/> Other _____ |

WWC number or application number _____

NDIS Worker Number _____

Present Occupation: _____

Present Employer: _____

Please complete this sentence: "I desire to volunteer with LIVEfree Project because"...

Previous Experience

Have you been involved in community before and if so, for how long?

Please list your previous experience working in the community sector:

Can you share a highlight from your experience in the community sector:

Signature of Applicant: _____ Date: _____

CHARACTER REFERENCE FORM

The named individual is applying for an organisational role. Please give the utmost care & serious consideration to your comments.
 All information will be kept strictly confidential.

Name of person giving reference: _____

Role of Applicant: _____

How long have you known the applicant? _____

How do you know the applicant? _____

Please tick the following that best represent your observations of the applicant.

| Characteristic | Above Average | Average | Below Average | Unknown |
|---------------------------------|---------------|---------|---------------|---------|
| Shows concern for others | | | | |
| Cooperativeness with team | | | | |
| Emotional stability | | | | |
| Compassionate at heart | | | | |
| Good health + wellbeing | | | | |
| Honesty as a core value | | | | |
| Genuine volunteer heart | | | | |
| Care for personal appearance | | | | |
| Leadership ability and capacity | | | | |
| Accepts responsibility | | | | |
| Reflects a positive attitude | | | | |
| Genuine love for people | | | | |
| Community awareness | | | | |

Any other information you feel should be given that would help give a clearer picture of the candidate:

I would recommend this person:

- Without Reservation
- With some Reservations
- With many Reservations

Specify:

Signature

Date

Contact Number

Thank you so much for your assistance - we appreciate the time you have taken 😊