

Phone: 97614215 Website: byayouth.team Email: bya@westnet.com.au 24 Steere St Bridgetown WA 6255 PO Box 712 Bridgetown WA 6255

VOLUNTEER APPLICATION FORM - CONFIDENTIAL

All applicants for volunteer roles are asked to complete this application form to help us understand a bit more about you and why you want to volunteer with us and what position would be mutually beneficial.

SECTION A: Please complete ALL details

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rour personal details.		
First Name:	Last Name:	
Preferred Name:		
Any previous names by which you have	e been known:	
Address:		
	Po	
How long have you lived there?	years and months	
If less than 12 months, please give you	r previous address:	
Contact Details: Phone Home	Mobile:	
Email:		
Emergency Contact Details		
Name:	Mobile:	
Relationshin:		

SECTION B How many hours are you able to commit to BYA? Number of Hours _____ per week/month (please circle) Town where you would like to volunteer. (Please Circle) Manjimup, Bridgetown-Greenbushes, Boyup Brook, Pemberton, Nannup, Walpole, Northcliffe. What are the areas of the BYA organization that you wish to volunteer for: (Please Circle) Working directly with youth. (Experience required) **Programs:** (assist with or create new) Life Skills – budgeting, change car-tires, cooking, etc. Art/music Wellbeing programs - confidence building (must be qualified) RYDE - Driver Support Program Mentor **Education/Training Mentor Events:** Assist with the running of specific events during the year. OpShop: Working in the Opportunity Shop located in Bridgetown. General: Cleaning Snack preparation

Cleaning
Snack preparation
Technology assistance
Social Media
Marketing / Promotion
Gardening / lawn mowing
Building maintenance / handyman

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Other:			
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SECTION C

Why do you want to volunteer with our organization? Please include information about any skills or

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SECTION D				
Please give details of any	previous experience yo	ou may have working w	ith young people.	
Example: Coach sports	team			
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SECTION E

Please give details of any relevant qualifications, training and/or personal qualities which you feel equip you

to work with and inspire young people.		

SECTION F: References (preferred if working directly with youth)

Please give the name and contact details of two suitable referees. (At least one should have knowledge of any previous work you may have undertaken with young people.)

Referee 1			
Name:			
Organisation (if applicable):			
Phone No:	Email:		
In what capacity do you know this person?			
Referee 2			
Name:			
Organisation (if applicable):			
Phone No:	Email:		
In what capacity do you know this person?			
SECTION G: Declaration			
Do you already have a WA Working with Children	Clearance?	Yes/No	(Please circle)
If YES, WWC Number:(Please provide a copy)		Expiry:	
Do you agree to complete a Working with Children	Clearance?	Yes/No (<i>Pleas</i>	se circle)
I confirm that the information I have given in th	is form is acc	curate and truth	ıful.
Signed:		Date:	
Thank you for completing this application form. Or by contacting 08 9761 4215 or emailing admin@bl	-	-	
At interview please bring:			STERED CANARITY
Completed Application Form Resume or CV			
Driver's Licence or other Proof of Identification Relevant Certificates and Documentation			Sr. Ook. Ou/chariWredis

The information you give us in this form will be treated in the strictest confidence.