



Mr Mrs Ms Other _____

Surname: _____ Given Names: _____

Address: _____ Post Code: _____

Telephone Home: _____ Mobile: _____

Email: _____

Age Group: (Please circle) 40-45 46-50 51-55 56-60 61+

Country of Birth: _____ Languages Spoken: _____

Volunteer Availability: (Please circle) Monday Tuesday Wednesday Thursday Friday

What work experience do you have? _____

What skills would you like to develop? _____

Current Position: (Please circle) Unemployed On Benefits P/T Employed Retired Volunteering

Have you been formally referred by: (Centrelink, Job Network Provider, Doctor, Social Worker)

Yes No

By Whom? (Name & Address) _____

Do you have a disability or medical condition that could affect your ability to work?

Yes Please Specify _____ No

How did you hear about DOME? (Please circle) Brochure Word of Mouth Media Friend Display Forums
Other Agency Speaking Engagement Phone Book Internet
Other _____

DOME occasionally participates in Research Projects. Would you be willing to contribute?

Yes No

Signature of Applicant: _____ Date _____

Signature of Interviewer: _____ Date _____

Note: Centrelink customers can perform 32 hours Volunteer work each fortnight if they meet the requirements of an Approved Activity Test. Please ask your Interviewer for more details.

The DOME Association Inc has the right to discontinue any voluntary work by a Volunteer if they do not adhere to the Rules and Conditions of the Association.

PLEASE TURN OVER PAGE

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CONFIDENTIALITY AND RESOURCES AGREEMENT

1. I undertake to treat all information, which relates to any of the business matters of the DOME Association Inc. or any of its related businesses in full and strict confidence while acting as a member of the Board of Management, an employee, a contractor/consultant or a volunteer and at all subsequent times.
2. I further acknowledge that the resources including the electronic resources and information technology of the Association are to be used solely for and on behalf of the Association and that I will not infringe copyright or transmit data in any way including mail, facsimile, email or other form of data storage except as requested by the Association and in fulfilment of my duties as required.
3. I acknowledge that all resources, documents and records irrespective of the media on which they are produced and recorded that have been produced by me in accordance with my employment are the property of the DOME Association. I undertake to return them to the Association prior to leaving its employ.
4. I undertake to return all property of the DOME Association prior to leaving its employ.

S I G N A T U R E

.....
Appointee Signature

.....
Print Name

.....
Date

Original: Personnel File, Executive Director's Office.
Copy: Appointee.

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