



11-15 Eacham Place, Malanda
P.O Box 124 Malanda QLD 4885
Phone: 07 4096 6634
ABN: 18 743 735 011

VOLUNTEER PROFILE/APPLICATION FORM

Name:

DOB: Current Age:

Telephone: (H) (M)

Email:

Address:

Occupation (current or previous):

Interests, skills, hobbies:

.....

.....

Languages spoken:

Do you have your own transport? Yes/ No

Do you have a Blue Card Yes/ No

Do you have a current Federal Police Check? Yes/ No

Do you have a valid QLD Driver's Licence Yes/ No

Do you have a current First Aid Certificate Yes/ No

QLD Driver's Licence Number



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Have you ever done volunteer work?

Yes/No

If yes, please give details:

.....

.....

Do you (or your guardian if under 18 years of age) agree to have your photograph taken to promote via ECHO's social media, newsletter, and website platforms?

Yes/ No

What areas you are interested in volunteering in:

Emergency Relief	Community Support	1:1 IT Support
Cuppa and Chat	Events/Activities	Administration
On-call Drivers	Other Transport/Driving	Fundraising
Pet Minding and Support	Gardening and Community Garden	Neighbourhood House
Story capturing	Video Creation	Committee
Tutoring	Presenting or facilitating	Other

Other (please specify)

How much time can you give? Weekly (Hours)

Available time/days

.....



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Do you wish to tell us of any health conditions (OPTIONAL) Yes/No
.....

Are you willing to apply for a **Blue Card** through ECHO Yes/No

Are you willing to apply for a **Federal Police Check** Yes/No

Are you required to volunteer as part of an agreement with **Centrelink**? Yes/No

Please share anything else you wish to tell us about yourself relating to volunteering with ECHO:

.....
.....

Emergency Contact

Next of Kin Relationship.....

Phone

References

Please provide the name, address and telephone number of two referees:

Name PH:

Address:



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Name PH:

Address:

I give my consent to contact my references, previous employers, and conduct a background check.

I agree to adhere to the policies and processes of ECHO and other relevant legislation.

Signature of Applicant Date.....

Signature of Parent/Guardian Date.....

(if under 18 years old)

Please return this form to ECHO Empowering Services for consideration of your application. Your application will be assessed and the relevant department of ECHO will be in contact to discuss possible positions or duties that may be available. Thank-you for considering volunteering with ECHO Empowering Services.