Volunteer Position Vacancy Form



* mandatory fields ____ Date Submitted: __ *Organisation Name: _____ *Address: ___ *Suburb: _____ * Postcode: _____ *Website: __ **About this Position** *Position Name/Title: __ (min 10 characters) *Short Description: (max 500 characters) *Detailed Description: Include responsibilities and tasks of the position as well as any support arrangement. (min 60 characters) *Number of Volunteers Needed: _____ Requirements: ☐ Drivers Licence (C) ☐ Drivers Licence (MR) ☐ Others ☐ Drivers Licence (F) ☐ Heavy Lifting ☐ Traffic Check ☐ Medical Check ☐ Drivers Licence (HR) ☐ Working with Children Check ☐ National Police Certificate ☐ Drivers Licence (LR) *Requirements Description (include skills, experience, qualifications or attributes essential for the position): **Position Location** Address: ___ Suburb: ____ Postcode: ____ Multiple Locations: **Contact for this Position** *Name of contact person: _____ *Phone: (Work) ______ (Mobile) _____ *Email: (Email address to receive online Expressions of Interest) —

Position Commitme	ent	
Duration: □ Event vol	lunteering Short term	☐ Long term/ongoing (6-12 months)
Day/s Required:		
Time/s Required:		
Position Suitability		
Position has disabled a		
Corporate Volunteering	_	
		□ Vistoral valueta agin s
Suitable for:	☐ Centrelink Approved	☐ Virtual volunteering
	☐ Disaster Recovery	☐ Volunteers with a disability
	☐ Families	□ Volunteers with limited English
	☐ Large Group Volunteering (·
	☐ Skilled Volunteer (with qual	, ,
	☐ Travelling/short term volur	iteers
Age Range:	Minimumyea	rs to Maximumyears
Working Environment:	☐ Alone ☐ Alone a	nd with others With others
Training Provided:		
Reimbursement:		
This position needs to I	be filled urgently:	
Transport : □ Parkir	ng available 🔲 Accessib	ole by public transport \text{\Pi} Agency to provide vehicle
Additional Informat	tion Required	
Please Note: Organisat		iability and Volunteer Personal Accident Insurance to
New Users:		
If you are a <u>new user</u> of	f this service, please provide the	following insurance details:
Public Liability:		Volunteer Personal Accident Insurance:
Provider:		Provider:
Policy Number:		Policy Number:
Expiry Date:		Expiry Date:
Existing Users:		
		teer position advertising service and I confirm that eer Personal Accident Insurance:
Privacy Clause:		
Volunteering SA&NT co	llects, stores and maintains you	r information according to the Australian Privacy Principles.
I agree that all the infor	rmation I have provided in this fo	orm is true and correct.
Submitted by:		
Name		Position Title