

Volunteer Application

Be part of our team – we welcome people of all ages and backgrounds.

Air Force Association (Western Australian Division) Incorporated, trading as RAAFA, is committed and will use all reasonable efforts to protect the privacy of individuals' personal information and to comply with the obligations imposed by the Privacy Act 1988 (Cth), the Australian Privacy Principles, the Aged Care Act and the Aged Care Principles. The information supplied on this form will be used to process your application to volunteer at RAAFA.

Volunteer Details

Title	First Name	Middle Name	Surname
Address			
Suburb/City		State	Postcode
Home Phone	Mobile Phone	Email	
Date of Birth	Gender	Current/Previous Occupation	
Status <input type="checkbox"/> Employed <input type="checkbox"/> Semi-Retired <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Centrelink			
Organisations of which you are a member			
Language(s) spoken			
What are your skills and previous work experience?			
What are your interests and hobbies?			
Do you have any volunteering experience?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please provide details			
Do you have any disability or medical condition which would affect your ability to do certain types of work?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Emergency Contact – not required if you are living with us and volunteering with the Estate only

Title	First Name	Middle Name	Surname
Home/Work Phone	Mobile Phone	Relationship	

Availability – how often would you be available?

Weekly (hours):	Preferred day / time(s):
Monthly (hours):	RAAFA Location:

Preferences – What type of volunteer work would you like to do?

<input type="checkbox"/> Aged Care, please specify:	<input type="checkbox"/> Administration	<input type="checkbox"/> Domestic	<input type="checkbox"/> Activities Support	
<input type="checkbox"/> Aviation Heritage Museum, please specify which team(s) you would like to join:				
<input type="checkbox"/> Accessioning	<input type="checkbox"/> Guide	<input type="checkbox"/> Models	<input type="checkbox"/> Restoration	<input type="checkbox"/> Workshop
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Library	<input type="checkbox"/> Shop	<input type="checkbox"/> Simulator	<input type="checkbox"/> Youth Club
<input type="checkbox"/> Display	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Photo Library		
<input type="checkbox"/> Estate (types of volunteer work available may include Fire Warden, Driving, Gardening, Library, Mail Delivery, Meter Reader, etc – please liaise with the Estate directly)				
Role:				

Other Information

If you are interested in volunteering as a driver, please provide: Driver's Licence No: _____ Class(es): _____
Why do you wish to work for our services?
How did you hear about us?

Referees – please provide details of two (2) referees (not required for Estate Residents)

Referee 1 Name: _____ Address: _____ Phone: _____	Referee 2 Name: _____ Address: _____ Phone: _____
---	---

Disclaimer

I have received information and understand the legal responsibilities associated with my volunteering duties.	
If required, I agree to undertake a National Police Clearance.	
Volunteer's Signature: _____	Date: _____
Manager's Signature: _____	Date: _____
Manager's Name: _____	Location: _____

Return completed form to your nearest RAAFA Estate / Facility

A: Central Support Office, 18 Bowman Street, South Perth WA 6151
T: (08) 9288 8400 E: enquiries@raafawa.org.au W: raafawa.org.au

