**How did you hear about our organisation?**

**1. PERSONAL DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | First name: | | | Preferred name: | | |
| Home Address:  Street: | | | Suburb: | | | Postcode: |
| Postal Address**:** *(if different from home address)*  Street/PO Box: | | | Suburb: | | | Postcode: |
| Home phone no: | | Mobile no: | | | Work: | |
| DOB: | | Email: | | | | |

**2. EMERGENECY CONTACT DETAILS**

|  |  |
| --- | --- |
| Name: | Relationship to you: |
| Home phone: | Mobile: |

**3. VOLUNTEER ROLE** *(tick box/es to indicate role/s you are interested in)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Technical |  | Freedom Wheels Clinics |  | Freedom Wheels Assembly |  | Administration |

**4. WORK STATUS** *(please tick relevant box)*

**□** Retired □ Semi Retired □ Working full time □ Working part time □ Student □ Not working

|  |
| --- |
| **Occupation/s:** (*Please list all main occupations, if not working past main occupations)*  1. |
| 2. |
| 3. |
| 4. |
| **Qualifications:** *(e.g. Diploma, Degree, Trade Certificate)*  1. |
| 2. |
| 3. |

**5. INTERESTS AND SKILLS**

|  |
| --- |
| Special interests/hobbies related to Solve work: |
| Languages spoken other than English: |
| Do you have a car: **□** for visiting clients Drivers Licence no: Type: |

**5.A Skills/ Competencies:**

If applying for a technical volunteer role, the following two tables are required to be completed. Please circle 1, 2 or 3, re your appropriate level of skill in that area.

**1 = Professional** (have/had formal qualifications and work experience in this area)

**2 =Skilled Amateur 3 =Amateur** (that is, some skill)

Please leave the box blank if you do not have any skill in that area

|  |  |  |  |
| --- | --- | --- | --- |
| Automotive | 1 | 2 | 3 |
| Civil / Structural | 1 | 2 | 3 |
| Communication Sys - wireless, radio | 1 | 2 | 3 |
| Computer Hardware | 1 | 2 | 3 |
| Computer Software | 1 | 2 | 3 |
| Drafting | 1 | 2 | 3 |
| Electrical: Low Voltage | 1 | 2 | 3 |
| Electrical: Mains Power AC | 1 | 2 | 3 |
| Electronics | 1 | 2 | 3 |
| Ergonomics | 1 | 2 | 3 |
| Handyman / Small Jobs | 1 | 2 | 3 |
| Hydraulics | 1 | 2 | 3 |
| Industrial Design | 1 | 2 | 3 |
| Mechanical | 1 | 2 | 3 |
| Medical Technology | 1 | 2 | 3 |
| Metal: Machining | 1 | 2 | 3 |
| Metal: Sheet Metal | 1 | 2 | 3 |
| Metal: Tube Fabrication | 1 | 2 | 3 |
| Metal: Welding - Aluminium | 1 | 2 | 3 |
| Metal: Welding - Stainless Steel | 1 | 2 | 3 |
| Metal: Welding - Steel | 1 | 2 | 3 |
| Photography | 1 | 2 | 3 |
| Pneumatics and / or Hydraulics | 1 | 2 | 3 |
| Polymer / Plastics / Fibreglass | 1 | 2 | 3 |
| Project Management | 1 | 2 | 3 |
| Spray painting | 1 | 2 | 3 |
| Technical Writing | 1 | 2 | 3 |
| Textiles / Sewing | 1 | 2 | 3 |
| Upholstery | 1 | 2 | 3 |
| Wood: Cabinet Maker/Furniture | 1 | 2 | 3 |
| Wood: General Fabrication | 1 | 2 | 3 |
| Wood: Machining | 1 | 2 | 3 |

**5.B Specialty equipment and tools:** Please tick box to indicate you have access to this equipment/tool, otherwise leave blank

|  |  |  |  |
| --- | --- | --- | --- |
| Air compressor |  | Soldering Iron |  |
| Bender : Tube Round |  | Test Equipment : Other (Please identify) |  |
| Bender: Flat metal |  | Test Equipment: Multimeter |  |
| Drill Press |  | Tools for scooters, power wheelchairs |  |
| Drill: Hammer drill |  | Thicknesser |  |
| Drill: Power |  | Test Equipment: Oscilloscope |  |
| Grinder: Angle |  | Triton work station |  |
| Grinder: Heavy Duty |  | Vehicle: Light Truck |  |
| Lathe: Metal |  | Vehicle: Station Wagon / 4WD |  |
| Lathe: Wood |  | Vehicle: Trailer (large) |  |
| Metal Guillotine : Unpowered |  | Vehicle: Utility |  |
| Metal Guillotine: Powered |  | Vehicle: Trailer (small) |  |
| Milling Machine |  | Welder: MIG |  |
| Overlocker |  | Welder: Oxy/Acetylene |  |
| Sander: Disc |  | Welder: Plasma cutter/welder |  |
| Sander: Orbital |  | Welder: TIG |  |
| Sander: Sander belt/linisher |  | Welder: Arc |  |
| Saw: Band Saw |  | Workshop: Engineering / Metal Fabrication |  |
| Saw: Circular saw & table |  | Workshop: Spray Painting / Enamelling |  |
| Saw: Metal cutting mitre band saw |  | Workshop: Automotive |  |
| Saw: Power Hack Saw |  | Workshop: Electrical / Electronic |  |
| Sewing machine: Domestic |  | Workshop: Upholstery / Canvas |  |
| Sewing machine: Industrial |  | Workshop: Woodworking |  |

**5.C Primary reason for wanting to join Solve Disability Solutions?** *(please tick main reason)*

□ Help others/give back to the community □ Centrelink

□ To be active/keep busy □ Make a difference

□ Gain work experiences/references □ Using skills

□ Other *(please indicate reason)*

**5.D Do you have the right aptitude to be a Solve volunteer?**

We work in a client centred manner, have you previously worked in a team environment: □ Yes □ No

Would you feel comfortable working with people with a diverse range of disability: □ Yes □ No

Present yourself in a professional manner: □ Yes □ No

Willingness to attend training as required: □ Yes □ No

**5.E** **If applying for a Technical volunteer role, please answer the following:**

Able to complete a written project report: □ Yes □ No

**6. AVAILABILITY**

Please indicate below, the days and times you are generally available*. (Note technical volunteers can work on projects at times that suit them, however visiting clients is generally during business hours)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day | AM | ✓ | PM | ✓ |
| Monday | 8.30am-12pm |  | 12pm-5.00pm |  |
| Tuesday | 8.30am-12pm |  | 12pm-5.00pm |  |
| Wednesday | 8.30am-12pm |  | 12pm-5.00pm |  |
| Thursday | 8.30am-12pm |  | 12pm-5.00pm |  |
| Friday | 8.30am-12pm |  | 12pm-5.00pm |  |

**7. REFEREES**

Please nominate 2 referees, (preferably a professional or supervising relationship) that are able to be contacted, excluding family members. (Please seek referee’s permission first)

|  |  |  |
| --- | --- | --- |
| Name: | Organisation and relationship to you: | Business hours contact no: |
| Name: | Organisation and relationship to you: | Business hours contact no: |

**8. OTHER REQUIREMENTS**

□ I understand that:

* the personal information entered on this form is collected for the purpose of processing my application to volunteer with Solve Disability Solutions. *(To find out more about how we collect and use personal information, download our Privacy Policy from our website or contact us to have a copy emailed or mailed to you)*
* *I will be required to undergo a national police check and if I have resided overseas continuously for 12 months or more in the past 10 years will be required to obtain an overseas police check*
* *I will be required to have a current Working with Children’s Check*
* *I will be required to complete a Background Declaration Disclosure form*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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