The information you provide is an important part of our recruitment process. Please answer every question. You will need to:

1. complete this screening questionnaire
2. provide a resume (if asked)
3. email everything to [volunteer@bsl.org.au](mailto:volunteer@bsl.org.au)

|  |  |  |
| --- | --- | --- |
| **Personal Details**  Full Name:  Contact number:  Email:  Volunteer Role:  BSL Manager: | | |
| Briefly describe your work and volunteering experience. | | |
| What other skills or knowledge could you bring to this role? | | |
| **What motivates you to volunteer at the Brotherhood? Please tick ALL boxes which apply:** | | |
| I am retired | Yes | No |
| I want to participate in my community | Yes | No |
| I have an education course requirement.  If yes, then how many hours are you required to do in total? | Yes | No |
| Hours? | |
| I have Centrelink requirement.  Please specify the Centrelink benefit:  If yes, then how many hours are you required to do in total? | Yes | No |
| Hours? | |
| Have you volunteered or been employed at BSL previously? | Yes | No |
| Do you have any health condition/s that may affect your capacity to perform this volunteer role?  Brotherhood of St Laurence is committed providing a safe working environment and aims to ensure that volunteers are not required to work in duties they are not able to perform safely.  Please specify here: | Yes | No |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | BSL is committed to diversity. Please tick the boxes that apply. This question is optional; however your response assists us to measure the effectiveness of our policies and programs. | Not applicable | Aboriginal | Torres Strait Islander | Aboriginal and Torres Strait Islander | | | |
| Please indicate the days you could volunteer.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Monday | Tuesday | Wednesday | Thursday | Friday | |  |  |  |  |  | | | |
| How did you hear about this role?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Seek Volunteer | BSL Website | Ethical Jobs | Word of mouth | Other (please specify): | |  |  |  |  |  | | | |

Brotherhood volunteers in this role are required to complete the following checks.

* Police Check
* Aged Care Stat Dec

Thank you in advance for your cooperation with the screening process.