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

|  |
| --- |
| **Personal Details**Full Name:Contact number:Email:Volunteer role: Activity Assistant – BSL Clifton Hill Aged CareBSL Manager: Hadi Issa |
| 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 |

 |
| 1. This position is advertised for three hours a week. Please indicate the days you could volunteer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

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

1. Police Check
2. Working with Children Check
3. Aged Care Statutory Declaration

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