



## Volunteer Information

Please return to: [admin@mealsonwheelsqueanbeyan.org.au](mailto:admin@mealsonwheelsqueanbeyan.org.au)

### Volunteer Details

|  |  |                                    |   |
|--|--|------------------------------------|---|
| Title  |  | Surname                            |   |
| First Name   |  | Preferred Name                     |   |
| Home Phone   |  | Mobile Phone                       |   |
| Email  |  |                                    |   |
| D.O.B  |  | Country of Birth                   |   |
| Do you identify as Aboriginal or Torres Strait Islander? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Gender                             | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Have you been vaccinated for COVID 19?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Date of first dose?<br>/ / | Date of 2nd dose?<br>/ /                                      |

### Address

|             |  |          |  |
|-------------|--|----------|--|
| Address     |  | State    |  |
| Suburb/Town |  | Postcode |  |

### Emergency Contact

|              |  |          |  |
|--------------|--|----------|--|
| Name         |  | Home #   |  |
| Relationship |  | Mobile # |  |
| Address      |  | Work #   |  |

### Availability

|   |   |  |   |
|---|---|--|---|
| Preferred Day/s   | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday |  |   |
| Preferred Frequency   | <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly   |  |   |
| Duties (Please indicate)  | <input type="checkbox"/> Queanbeyan Meal Deliveries   | <input type="checkbox"/> Office Assistance                   | <input type="checkbox"/> Social Support |
| <input type="checkbox"/> Committee Member   | <input type="checkbox"/> Centrebase Lunch Cook (Wednesday)  | <input type="checkbox"/> Centrebase Lunch Helper (Wednesday) |   |
| <input type="checkbox"/> Deliveries to Bungendore & Braidwood (Monday)                                | <input type="checkbox"/> Deliveries to Sutton (Tuesday)   |  |   |
| <input type="checkbox"/> Deliveries to Michelago (Thursday)   | <input type="checkbox"/> I do not drive but can assist a driver to deliver meals  |  |   |
| <input type="checkbox"/> I am a licensed driver and am willing to deliver meals using my own vehicle. |   |  |   |
| Current First Aid Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Willing to undertake First Aid Course  |  |   |
| Preference of a delivery partner?   | <input type="checkbox"/> Any other volunteer <input type="checkbox"/> Name:   |  |   |

**Vehicle details**

|  |  |                              |  |
|--|--|------------------------------|--|
| <b>Vehicle Registration and state</b>                      |  | <b>Registration Expiry</b>   |  |
| <b>Vehicle Make</b>  |  | <b>Vehicle Model</b>         |  |
| <b>Driver Licence Number and state issued</b>              |  | <b>Driver Licence Expiry</b> |  |
| <b>Comprehensive Insurance Policy Number &amp; Company</b> |  | <b>Insurance Expiry</b>      |  |

**Meals on Wheels Queanbeyan Vehicle and Liability Insurance will only be valid if there is current Comprehensive Car insurance covering your vehicle**

**Previous Experience**

Please describe any Volunteer experience within the past 5years:

Please outline any skills that you have which could assist MOWQ: *(Facebook/webpage promotion, fundraising, etc)*

**OFFICE USE ONLY**

|                                    |  |                                   |  |
|------------------------------------|--|-----------------------------------|--|
| <b>Application date</b>            |  |                                   |  |
| <b>Police Check Submitted Date</b> |  | <b>Police Check Approval Date</b> |  |
| <b>Induction Date</b>              |  | <b>Membership Application</b>     |  |

**Notes/Contact Log**

**Check list:**

- Signed Agreement       Identification
- COVID 19 Declaration       Police Check

