

## VOLUNTEER APPLICATION FORM

### PERSONAL INFORMATION

Application date:	Title:
First name:	Last name:
Address:	
Suburb:	Postcode:
Mailing address (if different from above):	
Suburb:	Postcode:
Home phone number:	Work phone number:
Mobile phone number:	
Email:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth:
Do you hold a current driver's licence?	Do you hold a current Blue Card? <input type="checkbox"/> Y <input type="checkbox"/> N
Do you know someone with a blood cancer?	

### EMERGENCY CONTACT

First name:	Last name:
Relationship to applicant:	
Daytime phone number:	After hours phone number:
Any special requirements/comments:	

### VOLUNTEER/EMPLOYMENT INFORMATION

Volunteer experience:	_____
Is this experience current or previous	<input type="checkbox"/> Y <input type="checkbox"/> N
Employer:	_____
Does your employer have a volunteer program?	<input type="checkbox"/> Y <input type="checkbox"/> N
Qualifications/skills:	_____
Interests/hobbies:	_____
Languages spoken:	_____

### AVAILABILITY

Days:	<input type="checkbox"/> Monday - Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Times:	<input type="checkbox"/> Business hours	<input type="checkbox"/> After hours	

## VOLUNTEER OPPORTUNITIES

- I am applying for a specific volunteer opportunity. Name/date of opportunity \_\_\_\_\_
- I would be interested in all volunteer opportunities
- I am interested in office-based opportunities e.g. administration, computers, telephone
- I am interested in volunteering for functions e.g. golf days, luncheons, gala dinners
- I am interested in driving e.g. patient transport, deliveries
- I am interested in volunteering to help with promotions e.g. race days, Mother's Day/Christmas wraps, expos

### Major event volunteer opportunities

- World's Greatest Shave* (Jan – Feb) - Poster/flyer drops throughout the community
- World's Greatest Shave* (March) - Public shave events
- Doorknock Appeal* (April) - Doorknock kit packing (Brisbane only)
- Light the Night* (Aug – Sept) - Poster/flyer drops throughout the community
- Light the Night* (October) – General assistance at *Light the Night* events

## SPECIAL NEEDS

Have you any special needs or medical conditions that may affect the work you do as a volunteer?  Y  N

If yes, please provide details: \_\_\_\_\_

## REFERENCES

Please provide two referees:

Name:		Name:	
Business:		Business:	
Position:		Position:	
Address:		Address:	
Suburb:	Postcode:	Suburb:	Postcode:
Phone:		Phone:	

## LEUKAEMIA FOUNDATION NEWS

Yes, I would like to keep up-to-date on what's happening at the Leukaemia Foundation of Queensland by subscribing to Leukaemia Foundation News.

### Confidentiality

I agree that both during and after my volunteer work with the Leukaemia Foundation of Queensland I will hold and keep confidential all information that comes into my knowledge or possession regarding all activities of the Foundation. I agree to protect the privacy of those to whom the information relates, and will not discuss or divulge personal information at any time or to any person, unless necessary as part of my work with the Leukaemia Foundation. I give an undertaking that I will observe this confidentiality at all times.

Signature: \_\_\_\_\_

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

### Please complete and return to:

Leukaemia Foundation of Queensland  
GPO Box 9954, Brisbane Qld 4001  
P: 1800 620 420 E: volunteerqld@leukaemia.org.au

## PRIVACY COLLECTION STATEMENT

The Leukaemia Foundation of Queensland and our related companies (**we, us or our**) may collect, use and disclose personal information about you. We collect personal information directly from you and may also collect personal information passively through our website.

We collect your personal information to facilitate our internal business purposes, for marketing purposes, to provide services and information to you and to comply with legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services you seek.

We may disclose personal information about you to our related entities and affiliated organisations and service providers who assist us in operating our business (for instance third party service providers). We are likely to disclose your personal information overseas to recipients in the USA.

Our Privacy Policy (available at [www.leukaemiaqld.org.au/privacy](http://www.leukaemiaqld.org.au/privacy) or on request) sets out how you can access and ask for correction of your personal information, how you can complain about privacy-related matters and how we respond to complaints.

Contact details: Privacy Officer, GPO Box 9954, Brisbane, Queensland, 4011, email: [privacyqld@leukaemia.org.au](mailto:privacyqld@leukaemia.org.au), telephone: 07 3318 4418 or 1800 620 420.