

**Employment History.**

Current Employer: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment type:**     Full Time     Part Time     Casual

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**Referees.** Please supply the names and contact details of two current referees (not related to you) who support your application to join Challenge.

**Referee 1 (personal)**

**Referee 2 (work)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (w): \_\_\_\_\_

(m): \_\_\_\_\_

(m): \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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**Emergency Contact.**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (m): \_\_\_\_\_

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I declare that all of the information provided by me in this application form is true. This information will remain highly confidential and is to only be viewed by Challenge staff. Images taken of me will only be used for Challenge approved publications. I understand and agree to abide by all conditions of the Challenge program and that if accepted into the program it will be based on the information provided on this form.

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

OFFICE USE ONLY

Reference Check Comments:

\_\_\_\_\_  
\_\_\_\_\_

Police Check Form Received?    Yes / No    Date: \_\_\_\_\_

Cheque Received?    Yes / No

Driver's Licence Photocopied?    Yes / No

Date Form Entered: \_\_\_\_\_



# Challenge Volunteer Application Form

CHALLENGE HOUSE  
529-535 King St  
WEST MELBOURNE  
VIC 3003

Telephone: (03) 9329 8474  
Fax: (03) 9329 8427  
Email: mail@challenge.org.au  
Web: www.challenge.org.au

Attach  
photo  
here

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth:     /     /                       Male    Female

Permanent address:

Postal address (if different to permanent):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email address: \_\_\_\_\_

Would you like to receive information via email?    Yes    No

Marital status:

- Single  
 Married

Has your partner also applied to this program?

- Yes  
 No

\_\_\_\_\_  
Partner's name

Are you currently a student?

- Yes  
 No

If yes, what course are you studying?

\_\_\_\_\_

Have you been a volunteer before?

- Yes  
 No

If yes, through which organisation were you a volunteer?

\_\_\_\_\_

What was your role?

\_\_\_\_\_

\_\_\_\_\_

Which age group would you prefer to work with?

- 4 to 7 years  
 8 to 12 years  
 13 years +

Would any age be acceptable?

- Yes  
 No

What is your T-shirt size?

- XS    S    M    L    XL    XXL

**Awards & Certificates.** Tick any of the following awards / certificates that you currently own.

	Year gained		Year gained
<input type="checkbox"/> First Aid Certificate	_____	<input type="checkbox"/> Bronze Medallion	_____
<input type="checkbox"/> CPR Certificate	_____	<input type="checkbox"/> Austswim	_____
<input type="checkbox"/> Nurse Registration	_____	<input type="checkbox"/> Lifeguard Certificate	_____
<input type="checkbox"/> Car Licence	_____	<input type="checkbox"/> Boat / Jestski Licence	_____
<input type="checkbox"/> Bus Licence	_____	<input type="checkbox"/> Other: _____	

Can you swim?  Yes  No

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**Activities.** Next to the following place **1** beside those activities you can organise and teach as an expert, **2** for those activities in which you are proficient at and **3** for those in which you have limited experience as a participant. Please provide examples of activities where appropriate.

_____	Landsports	(e.g. archery, basketball...)	_____
_____	Watersports	(e.g. canoeing, swimming...)	_____
_____	Bushcraft	(e.g. abseiling, ropes course...)	_____
_____	Arts & Crafts	(e.g. cooking, painting...)	_____
_____	Music	(e.g. singing, piano, guitar...)	_____
_____	Entertainment	(e.g. magic, performance...)	_____
_____	Other	(e.g. computing, fishing...)	_____

Select any two activity choices from the previous question that you indicated you were an expert or proficient at and describe your past experiences or any qualifications you may have gained.

**Activity 1**

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**Activity 2**

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**Would you like to run any of the following activities as a specialist leader on a Challenge camp?**

If yes, please circle one or more.

Swimming      Motorbikes      Arts & Crafts      Cooking      Other: \_\_\_\_\_

**What experience do you have working with children?**

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**What contributions do you think you can make to Challenge?**

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**Provide details of any past leadership roles you have held.**

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**What motivated you to become a volunteer with Challenge?**

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**Medical Information.** Please provide any extra information where necessary.

Have you ever had any serious or permanently debilitating illness?

Do you have any physical limitations?

Have you ever had a nervous breakdown or psychiatric treatment?

Are you currently undergoing any medical treatment (including taking any medication)?

Do you have any allergies?

Do you have any special dietary requirements? (vegetarian / vegan)

Do you smoke? Yes / No

Do you agree to abide by the Challenge rules on the use of drugs and alcohol at camps/events? Yes / No

**Medicare number:** \_\_\_\_\_