



**CHILD WITNESS SUPPORT VOLUNTEER APPLICATION FORM**

**YOUR NAME AND CONTACT DETAILS:**

Title: Mr / Mrs / Ms / Miss / Other: ..... Last Name: .....

Given Name/s: ..... Date of Birth: ..... / ..... / .....

Have you been known by any other name (e.g. maiden name/Deed Poll or alias) YES / NO

If yes, please provide details of previous names: .....

Address: .....Postcode: .....

Home Phone: ..... Work Phone: ..... Mobile Phone: .....

Email Address: ..... Fax: .....

**YOUR PERSONAL ATTRIBUTES/QUALIFICATIONS:** *(No experience is necessary and intensive training is provided (at no cost to you), but we would like to know more about you and your background.)*

Please tell us about any informal/formal training, qualifications or experience you may have: .....

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Please tell us about any cross-cultural experience you may have: .....

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Please tell us about any experience you may have with people with special needs: .....

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Please tell us why you would like to be a Child Witness Support Volunteer and anything else you think might be relevant to your application: .....

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**YOUR EMPLOYMENT STATUS AND AVAILABILITY:**

Current Occupation: ..... Years of Service: .....

Previous Occupation: ..... Years of Service: .....

Do you currently volunteer with other organizations?: YES / NO

If yes, please provide details: .....

Do you have any regular weekday commitments?: YES / NO

If yes, please provide details: .....

.....  
If yes, and a child you were supporting needed to attend court during your abovementioned commitment/s, how likely would it be you could make yourself available?  
.....

Are you available at short notice or in an emergency: YES / NO

**ROLE REQUIREMENTS:**

Are you prepared to undertake a Working with Child Check (Blue Card Application)?: YES / NO

(If yes, and you do not already have a Blue Card, please complete and return the enclosed *Volunteer Blue Card Application Form*. If you have a current Blue Card, please complete and return the enclosed *Authorisation to Confirm a valid Blue Card Application Form*. Please note you only have to complete one of these forms.)

Do you agree for PACT to contact up to two Referees to confirm your suitability?: YES / NO

*Nominated Referee 1:*

Name: ..... Contact No./s: .....

Email Address: .....

Relationship to you (e.g. Former Employer, Supervisor, Family Friend): .....

*Nominated Referee 2:*

Name: ..... Contact No./s: .....

Email Address: .....

Relationship to you (e.g. Former Employer, Supervisor, Family Friend): .....

- Are you prepared to attend regular monthly group meetings?: YES / NO
- Are you prepared to visit PACT families in their homes: YES / NO
- Are you prepared to use your personal vehicle and telephone for PACT work YES / NO  
(Financial contributions are available for most out of pocket expenses)
- Are you able to travel to other locations and outlying areas: YES / NO

If yes, how far would you be prepared to travel? ..... (distance / time)

How did you hear about PACT?: .....

Your signature: ..... Date: ..... / ..... / .....