



**PROTECT  
ALL  
CHILDREN  
TODAY**  
  
**PACT**

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## VOLUNTEER APPLICATION FORM

**YOUR PERSONAL CONTACT DETAILS:**

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

Surname: .....Christian 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, provide details of previous names: .....

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

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

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

A condition of acceptance into the PACT Volunteer Training Program is that the following checks are undertaken

- Criminal history check. Do you agree for this check to be undertaken: **YES / NO**  
(If yes, please complete and return attached Queensland Police Service Criminal History Application Form)
- Reference check. Do you agree for your nominated referees or past employers to be contact by PACT: **YES / NO**  
Nominated Referee:..... Contact No: .....
- Nominated Referee:..... Contact No: .....

**YOUR PERSONAL ATTRIBUTES/QUALIFICATIONS:**

Do you have any informal/formal training or qualifications: **YES / NO**

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

Do you have any cross-cultural experience: **YES / NO**

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

Do you have any experience working with people with special needs: **YES / NO**

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

**YOUR EMPLOYMENT STATUS:**

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

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

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

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

Number of days per week available for voluntary PACT work: .....days per week

Number of hours per week available for voluntary PACT work: ..... hours per week

**YOUR AVAILABILITY:**

- In this role you would be required to attend regular monthly group meetings. Do you agree to this commitment: **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** (Please note that payment is available for some out of pocket expenses)
- Are you able to travel to other locations and outlying areas: **YES / NO**
- Are you available to work as a volunteer at short notice or in an emergency: **YES / NO**

**WHY YOU WOULD LIKE TO BE A PACT WITNESS SUPPORT WORKER:**

Please provide a brief summary of why you would like to be a Child/Young Person Witness Support Worker and what personal attributes and skills you would bring to the role:

.....  
.....  
.....  
.....  
.....  
.....

Are you able to offer any other assistance to PACT: **YES / NO**

If yes, how:

- Administrative: .....
- Fund raising: .....
- Other: .....

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

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