



CONFIDENTIAL **BAY ISLANDS MULTI SPORTS & RECREATION ASSOCIATION INC (BIMSARA)**

APPLICATION FOR VOLUNTEER

[Mr/Mrs/Ms]

First _____ Middle _____ Last _____

Date of Birth (DD/MM/YYYY) _____ Gender _____

Age Group (Please Circle) up to 18 19 to 25 26 to 35 36 to 50 51 to 65 65 +

Email _____

Address _____ Post Code _____

Mobile _____ Landline _____

Do you have any skills from your life work history that would be helpful?

What is your primary reason for wanting to Volunteer? Tick all that apply

Help others/Give back to community _____ Using skills/learning new skills _____

To be active/Keep busy _____ Gain work experience/Reference _____

Were you referred by someone? _____

What type of volunteer work are you interested in? _____

Are you interested in Volunteering for special events/projects? Tick all that apply

Fundraising days _____ Sports _____ Recreation & community events _____

Availability: Weekday (name the day/s)

Weekend (name the day/s)



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On call? Yes or No _____ Own transport _____

Do you have allergies? Yes _____ No _____

If yes what should we do in an allergic emergency? _____

Emergency contact details

Name _____

Phone _____

Relationship _____

Do you have a medical condition or disability which could affect your ability to perform?

Do you have a current driver's license? Yes _____ No _____

Do you have a current Suitability Card for child related employment (Blue Card)? Yes _____ No _____

If yes what is your registration number _____

How would you describe your computer skill levels? (E.g. Basic, Moderate, Advanced) Tick all that apply

Outlook ____ Word ____ Excel ____ Powerpoint ____ Canva ____ Adobe ____ Social Media FB, X ____

Website Design ____ Wordpress ____ Teams ____ Sharepoint ____

What are your interests, hobbies and talents?

Are you currently? Student ____ Home Duties ____ Retired ____ Unemployed ____

Employed Part Time ____ Employed Full Time ____

How did you hear about BIMSARA? _____

MANDATORY FOR VOLUNTEER APPLICATIONS (tick all documents below and attach to your application)

Copy of Blue Card or Application _____

Proof of Address _____

Photo ID Driver's License/Passport/Other _____

Pension Card/Medicare No. _____

I hereby consent to the above application and, in the event of my acceptance, agree to abide by and be bound by the code of conduct of BIMSARA Inc. We will invoice your membership fee when returned & approved. Thank you.

Applicant Signature _____ Date _____



CONFIDENTIAL

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APPLICATION FOR VOLUNTEER

Office Use:

Proposer President Ros Stiles _____ Date _____

Seconder Secretary & Treasurer Dee Robert _____ Date _____

Volunteer: Accepted _____ Rejected _____ Documents received/sighted Yes _____ No _____

Induction completed Yes _____ No _____

Register Completed by (authority Management Committee) print name _____

Signed by _____ Date _____