



Volunteering ACT

# Job Request Form

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

Street Address of Organisation: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

Job Address: \_\_\_\_\_  
*(If different from organisation address)*

Job Suburb: \_\_\_\_\_ Job Postcode: \_\_\_\_\_

Job Title: \_\_\_\_\_ Type of Position: \_\_\_\_\_  
*(One job per form) (E.g. Admin)*

Position Details *(dot point format)*:

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

Required Skills *(dot point format)*:

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

Will any of these checks be required? *(Circle appropriate response)*

Reference: Yes / No

Police: Yes / No

Medical: Yes / No

<i>Office Use Only</i>	
Date Received:	_____
Date Actioned:	_____
Action by:	_____
Job Category:	_____
Job ID#:	_____
Job Withdrawn:	_____
Actioned by:	_____

*Note: For job description and job skills, please list dot points relevant to the position. It is important that when a position is filled you advise Volunteering ACT immediately so that we can withdraw the position for our records. Failure to do so will result in individuals continuing to be referred to your agency.*

What days is the position to be filled and what time frame is required:  
(circle day and time as appropriate)

<b>Monday</b>	Any Time	All Day Office Hours	Morning	Afternoon	Evening
<b>Tuesday</b>	Any Time	All Day Office Hours	Morning	Afternoon	Evening
<b>Wednesday</b>	Any Time	All Day Office Hours	Morning	Afternoon	Evening
<b>Thursday</b>	Any Time	All Day Office Hours	Morning	Afternoon	Evening
<b>Friday</b>	Any Time	All Day Office Hours	Morning	Afternoon	Evening
<b>Saturday</b>	Any Time	All Day Office Hours	Morning	Afternoon	Evening
<b>Sunday</b>	Any Time	All Day Office Hours	Morning	Afternoon	Evening

Duration of commitment: (circle or enter a number) ongoing, or .....months

Number of positions to be filled:..... Is Training Provided:(circle) Yes / No

Will the position suit a person: (circle appropriate response)

<i>With limited spoken English</i>	<i>With limited written English</i>	<i>Wheelchair bound</i>	<i>With a disability</i>
Yes / No	Yes / No	Yes / No	Yes / No

Is position accessible by public transport? Yes / No

Other special requirements for this position:

---

---

Please review this position with this organisation in: (circle)

**3** or **6** or **9** or **12** months

To Referral Manager,

I have attached any relevant papers to this job request.

This organisation acknowledges that the role of Volunteering Act Inc., is of a facilitative nature. Volunteering ACT place reliance upon the information provided in performing its functions and accordingly every care should be taken to ensure the accuracy of any information provided. I will advise Volunteering ACT when this position is no longer required or has been filler.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorising/Contact person signature)

Please return to:

---

Volunteering ACT Inc.  
**ABN 30 433 789 697**

Canberra Labor Club Community Chambers  
Chandler Street, Belconnen, ACT, 2617  
PO Box 48, Belconnen, ACT, 2616  
Phone: (02) 6251 4060 Fax: (02) 6251 4161  
Email: referral@volunteeract.org.au