

TRACTION VOLUNTEER FORM

Thank you for considering being part of the TRACTION program. This application poses a series of questions to provide us clarity on your prospective position within the program. Do not read each question as a prerequisite for working with us; what we are after is people with certain skills, that take the volunteer role seriously and are a cultural fit with the TRACTION way of operating. We appreciate your time in completing this application.

Street Address		
City, State, Postcode		
Occupation / Company		
Email		
Mobile / Landline		
Social media	Facebook (Yes/No); Instagram (Yes/No); Other (
the list below) WORKSHOP SUPPO Workshop with our TRAC BUILDER: Helping bu community and/or comple COLLECTOR: Collect ADMIN SUPPORT: Ac	RT: Guiding and supporting program participants at a TRACTION CTION Mentor Team. ild, repair, service surplus bicycles in preparation for sale or donation to ete workshop and storage maintenance tasks/working bees. ing donated items and delivering to TRACTION Workshops dministrative and other support 'behind the scenes' elping at TRACTION events	
☐ FUNDRAISER: Helpin	g raise funds for the program	
□ OTHER: (please spec	ify)	
2. What is your main n	notivation to be involved with TRACTION and its programs?	
3. What do you hope to	o achieve or contribute being involved in TRACTION?	
4. What experience do	you have working with children?	
5. What trade, qualification	ations, professional qualifications or other experience do you	

have that may be useful?

Full Name



a. Bicycles:									
b. Small Engines:									
c. Motorbikes:									
d. Permaculture/Horticulture/Gardening:									
e. Electronics:	e. Electronics:								
7. Do you have any training and/or assessment experience/qualifications?									
8. How much time are you willing and able to Volunteer to the program? (We require as little as half-a-day a month or as much as two days per week)									
9. Availability (for TIME use actual time or AM, PM,		-							
DAYS: MON TUE WED THU	FRI SAT	SUN							
TIMES:									
10. Which is your preferred workshop region for Workshop Support Volunteers? (circle)									
REDLANDS BRISBANE SOUTHSIDE BRISBANE NORTHSID (Alexandra Hills) (Moorooka, Glenala & Inala) (Mitchelton)									
	WICH ming Soon!)	GOLD COAST (Coming Soon!)							
11. Do you have access to a Ute/Van/Trailer to collect and drop off Bicycle/Item Donations if requested? YES NO									
12. Have you been denied a Blue Card previously?	YES	NO							
13. Have you held an approved Blue Card previously	? YES	NO							
14. Do you hold a current Blue Card now?	YES	NO							
If yes, Blue Card Number:	Expiry	Date:							
Name of Organisation this card is attached to:									
(Please provide a copy of your Blue Card with this application)									
15. Do you give consent for a National Police Check to be conducted: YES NO If no, why?									

6. What experience do you have working with?

16. Are you able to provide 4 x forms of ID including 1 x form from list A. and B. and 2 x forms from section C?: YES NO (please circle items you will provide)



- a. Australian Birth Certificate, Australian/NZ Passport, Australian Visa, ImmiCard or Australian Citizenship Certificate.
- b. Australian Drivers Licence, Australian Marriage Certificate, Other Passport, Proof of Age Card or Student ID Card
- c. Medicare Card, Bank Card, Credit Card and/or Australian Electoral Commission Enrolment Card.

17.	Do	you hold a current First Aid certificate:	·	YES	NO
ı	If y	ves, who did you complete the course with?			
I	Dat	te of completion:			
((Ple	ease provide a copy of your First Aid Certifica	ate with this app	lication	if available)
•	wh	you approve TRACTION to publish your rich you may appear on social media, our viterials for the program?	website and an		
	Ple	ease advise if any restrictions:	·		
19.	Do	you know anyone else who might be inter	rested in gettin	g invol	ved?
		you know of any organisation's who may partnering in some other way with TRACT		in conti	ibuting financially
		ease provide details to complete 2 x Refere ernatively, please attach 2 x Written Refer			
	1.	Full Name:			
		Business Name:			
		Telephone:			
		Employment Dates:			
2	2.	Full Name:			
		Business Name:			
		Telephone:			
		Employment Dates:			

PLEASE EMAIL YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO salli@traction.community THANK YOU!

We will process your application and we will contact you regarding the next steps.

Please note we do not always have Volunteer spots available immediately, we will review and accommodate requests should your application be successful.