



A community-based pregnancy support service

E: info@phb.org.au

W: phb.org.au

A: 15 Lyons St Sth. Ballarat Central VIC 3350

M: 0457 930 381

First Name

Last Name

Email

Address

Mobile Phone

Date of Birth

Do you have a current Police check certificate?

☐ Yes

☐ No

Do you have a current Working with Children Check?

☐ Yes

☐ No

Do you have a Driver's license?

☐ Yes

☐ No



A community-based pregnancy support service

E: info@phb.org.au

W: phb.org.au

A: 15 Lyons St Sth. Ballarat Central VIC 3350

M: 0457 930 381

Occupation

Please list any qualifications you have

Church Affiliation

Emergency Contact Name and Number

Name
Number

Please tick the area/s where you would like to volunteer in?

- ☐ Coaching
- ☐ Mentoring (accompanying clients to appointments)
- ☐ Post Abortion Support
- ☐ Education & Community Awareness
- ☐ Social Media
- ☐ Events Management and Fundraising
- ☐ Administration
- ☐ Managing donated items (pickup, delivery, cleaning, repairing and sorting)
- ☐ Cleaning the centre (fortnightly)
- ☐ Men's support



A community-based pregnancy support service

E: info@phb.org.au

W: phb.org.au

A: 15 Lyons St Sth. Ballarat Central VIC 3350

M: 0457 930 381

Please tick the days you are available to volunteer

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

What times are you available?

☐ AM

☐ PM

☐ All Day

Why are you interested in volunteering at PH@B / Amber's House?

Have you ever volunteered before?

☐ Yes

☐ No

Please let us know where and in what capacity.

Tell us how you think your life experience will benefit our organisation and clients.

What are some of your personal attributes that you believe will benefit PH@B and its clients?



A community-based pregnancy support service

E: info@phb.org.au

W: phb.org.au

A: 15 Lyons St Sth. Ballarat Central VIC 3350

M: 0457 930 381

What interpersonal and personal skills do you have that will benefit our organisation and clients?

Please give a referee's name and contact details.

Name
Mob. Number

Are you legally allowed to work or volunteer in Australia?

☐ Yes

☐ No

Do you have any health conditions that we need to be aware of?

☐ Yes

☐ No

Can we retain your application for future reference if no positions are available at the time of submission?

☐ Yes

☐ No

By submitting this application, I acknowledge that I understand that PH@B / Amber's House is a life-affirming organisation.

Name

Date

Signed