

# Volunteer & Grow Project (VNG)

## Intake Referral form

### Becoming an VNG participant

#### Eligible participants of the VNG program identify as:

- Living with a disability or mental health condition
- New Migrants, Refugees or Asylum Seekers

VOLUNTEER & GROW  
MAKING THE IMPOSSIBLE



Ethnic Community  
Services Co-operative  
*A voice for diversity and inclusion*

And require additional support and assistance to be placed in a volunteering role.

Organisation Referral

Self-Referral

(Go to question 2)

### 1. Referring organisation details

Date of referral

Organisation

Address

Contact person

Office no.

Mob no.

Email

### 2. Participant details

Title

Full given names

Date of birth

Surname

Female

Male

Transgender

Intersex

Other

Address

Suburb

Postcode

Home no.

Mob no.

Email

#### Does the participant identify as:

Aboriginal

Torres Straight Islander

Non-English speaking background

Country of origin

Original language

Interpreter required

A person with a Disability

Language

NDIS participant

Additional comments

### 3. Emergency contacts

#### Emergency Contact 1

Contact Number/s

Relationship

#### Emergency Contact 2

Contact Number/s

Relationship

### 4. Reason(s) for the referral (Part A)

Is the participant living with a disability or psychiatric health condition?

Yes

*(please provide details below)*

No

*(go to question 5)*

Please provide details of diagnosed condition and/or other barriers that the participant is experiencing

Please list other support programs that the participant is currently receiving to manage their condition

### 5. Reason(s) for the referral (Part B)

**The following questions need to be answered by the participant**

**Why do you want to volunteer?**

**What do you hope to gain from volunteering?**

**6. Reason for the referral (Needs to be completed by the participant or with his assistance)**

**What type of volunteer job would you like to do?**

**Do you have any volunteering or work experience? What skills would you bring to a volunteer role?**

**Do you have any specific support requirements? Yes No**

**Would you be willing to attend volunteer training as required?**

**Yes No** *(If you answered "No", please tell us why not)*

**7. Prospective Agreement to be part of the Volunteer & Grow Project**

**I, \_\_\_\_\_ agree to participate in the  
Volunteer & Grow Project.**

**Signature\***

**Date (DD/MM/YYYY)**

**/ /**

**\*If Participant is unable to sign, is s/he aware of the referral? Yes No**

**PLEASE EMAIL TO: [vng@ecsc.org.au](mailto:vng@ecsc.org.au)**