

Questacon Volunteer Explainer Program

Application Form

Personal information

First name:

Surname:

Preferred name:

Gender:

Email:

Mobile number:

Postal address:

Date and place of birth:

Australian working rights:

Other:

Languages:

About you

How did you hear about volunteering at Questacon?

Volunteer Expo

Word of mouth

Questacon member

SEEK Volunteer

Existing volunteer

Questacon website

VolunteerGO!

Student Training

Google search

VolunteeringACT

Work Experience

Social Meida

Other?

What skills, qualities or experience do you bring to the role?

Approved by:

Date:

Scheduled Reviewed Date: December 2027.

Why do you want to volunteer at Questacon?

Team environment

Community commitment

Retiree

Student

Returning to the workforce

New parent or caregiver

Other?

Do you have a preferred working style?

Solo

Partnered

Group

Which branch of science, technology, engineering or mathematics are you most interested in?

Do you have any other relevant skills or interests?

What is the highest level of education you've completed (for statistics)?

Secondary (7-10)

College/Senior Secondary (11-12)

Cert I

Cert II

Cert III

Cert IV

Diploma

AdvDip

AssocDeg

Bachelor

Honours

Grad Cert

Grad Dip

Masters

Doctoral

Other?

Approved by:

Date:

Scheduled Reviewed Date: December 2027.

Can you tell us about your work and volunteer experience?

Please list your current paid and unpaid employment or voluntary positions, including both the organisation and role title.

Is there any further information?

What days and times are you able to volunteer?

Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Sunday	Other?

All volunteers receive free weekday parking at Questacon and can register one car as their designated vehicle. What is your mode of transport or car registration number?

Approved by:

Date:

Scheduled Reviewed Date: December 2027.

Permissions (to complete during interview):

Identity photo

Media Consent Form

Volunteer communication

Questacon communication

Volunteer feedback and surveys

Questacon feedback and surveys

Emergency contact name:

Relationship:

Email:

Mobile number:

Do you have any accessibility requirements you would like us to be aware of or discuss?

Nominate two referees—one professional and one personal—who have known you for over a year:

1. Name:

Relationship:

Email:

Phone number:

2. Name:

Relationship:

Email:

Phone number:

Once you've completed this application, please email a copy to volunteering@questacon.edu.au.

Approved by:

Date:

Scheduled Reviewed Date: December 2027.