

VOLUNTEER APPLICATION FORM



VOLUNTEER DETAILS		
First name:	Surname:	Preferred Name:
Address:		DOB:
Suburb:	State:	Postcode:
Home Phone:	Work Phone:	Mobile:
Email:		
Drivers Licence Number:		
SKILLS:		
<hr/> <hr/> <hr/> <hr/>		
Areas of Interest:		
Previous Work and Volunteer Experience:		
<hr/> <hr/> <hr/> <hr/>		
WORKING WITH VULNERABLE PEOPLE		
<i>It is a requirement for volunteering for a not-for-profit organisation that volunteers hold a Working with Vulnerable People (WVP) Card.</i>		
Do you have a WVP card?		
<input type="checkbox"/> YES, please attach photocopy		
<input type="checkbox"/> NO. (It is free but you will need to complete a WVP application with Canberra Connect).		
VOLUNTEER JOBS		
I'm interested in volunteering:		
<input type="checkbox"/> For Events (Gallery Openings, Dance Shows, etc.)		
<input type="checkbox"/> Gallery guiding and greeting		
<input type="checkbox"/> For anything and everything		

VOLUNTEER APPLICATION FORM



AVAILABILITY TO VOLUNTEER (roughly)

Weekly
 Fortnightly
 Monthly
 Ad hoc / As needed

Monday
 10 am to 12.00 pm
 12.00 pm to 4.00 pm
 4.00 pm to 8.00 pm

Tuesday
 10 am to 12.00 pm
 12.00 pm to 4.00 pm
 4.00 pm to 8.00 pm

Weds
 10 am to 12.00 pm
 12.00 pm to 4.00 pm
 4.00 pm to 8.00 pm

Thurs
 10 am to 12.00 pm
 12.00 pm to 4.00 pm
 4.00 pm to 8.00 pm

Friday
 10 am to 12.00 pm
 12.00 pm to 4.00 pm
 4.00 pm to 8.00 pm

Saturday
 10 am to 12.00 pm
 12.00 pm to 4.00 pm
 4.00 pm to 8.00 pm

EMERGENCY CONTACT DETAILS

First name:	Surname:	Relationship to participant:
Home Phone:	Work Phone:	Mobile:
Email:		

HEALTH CONCERNS/DUTY OF CARE INFORMATION

(Please use this section to disclose any information that would assist us to ensure your health, welfare and safety) ie/ medical conditions.

Name of Doctor:

Doctors Phone Number:

OTHER INFORMATION

How did you hear about our need for volunteers?

Why do you wish to volunteer?

What would you like to gain from volunteering?

REFEREES:

Name:	Name:
Relationship to you:	Relationship to you:
Phone/Mobile:	Phone/Mobile: