

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:		

Areas of Interest:		

Previous Work and Volunteer Experience:		

WORKING WITH VULNERABLE PEOPLE		
<p><i>It is a requirement for volunteering for a not-for-profit organisation that volunteers hold a Working with Vulnerable People (WVP) Card.</i></p> <p>Do you have a WVP card?</p> <p><input type="checkbox"/> YES, please attach photocopy</p> <p><input type="checkbox"/> NO. (It is free but you will need to complete a WVP application with Canberra Connect).</p>		
VOLUNTEER JOBS		
<p>I'm interested in volunteering: Tick as many as you wish!</p> <p><input type="checkbox"/> Events (Gallery Openings, Dance Shows, etc.)</p> <p><input type="checkbox"/> Front of House</p> <p><input type="checkbox"/> Gallery</p> <p><input type="checkbox"/> General Duties/Handyman</p> <p><input type="checkbox"/> Admin</p> <p><input type="checkbox"/> Other Please list: _____</p>		

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AVAILABILITY TO VOLUNTEER (roughly)

- Weekly
 Fortnightly
 Monthly
 Ad hoc / As needed
- Monday**
 9 am to 1 pm
 1 pm to 5 pm
 Evenings
- Tuesday**
 9 am to 1 pm
 1 pm to 5 pm
 Evenings
- Weds**
 9 am to 1 pm
 1 pm to 5 pm
 Evenings
- Thurs**
 9 am to 1 pm
 1 pm to 5 pm
 Evenings
- Friday**
 9am to 1 pm
 1 pm to 5 pm
 Evenings
- Saturday**
 10 am to 1:30 pm
 1:30 pm to 4 pm
 Evenings

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: