



VOLUNTEER APPLICATION FORM

SURNAME:		GIVEN NAME:	
TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other_____			
ADDRESS:			POSTCODE:
E-MAIL:			
TELEPHONE NUMBER: Home:	Work:	Mobile:	
CONTACT PERSON IN CASE OF EMERGENCIES			
Surname:	First Name:	Telephone No:	
AGE GROUP IN YEARS			
<input type="checkbox"/> 15-19 <input type="checkbox"/> 20-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> Over 70			
DATE OF BIRTH: _____Day/_____Month/_____Year			
DRIVER'S LICENCE: Number:_____			
MOTOR VEHICLE: Make/Model: _____ Registration No:_____			

Country of origin & language spoken:	Permanent resident/student visa/visitor visa/ Business visa/other type of visa (please circle which applies to you)
Do you have expertise in a particular field which you may like to share through volunteering? e.g. legal, childcare, computing skills, languages, gardening, art & craft etc...	
Do you have particular skills/hobbies? Please give details	
Have you had previous volunteering experience? If yes, please give details.	
HEALTH: Do you have any health issues/disabilities which may affect or prevent you from performing particular types of volunteer activities? <input type="checkbox"/> Yes - Please give details <input type="checkbox"/> No	

VOLUNTEER SERVICES YOU MAY CHOOSE FROM

MEALS ON WHEELS	<input type="checkbox"/> Driver	<input type="checkbox"/> Assistant
LINEN SERVICE	<input type="checkbox"/> Driver	<input type="checkbox"/> Assistant
HOME VISITING	<input type="checkbox"/>	
MEDICAL TRANSPORT	<input type="checkbox"/>	
Social Support	<input type="checkbox"/>	
BUS OUTINGS & GROUP ACTIVITIES AT DAY CENTRE		
<input type="checkbox"/> Monthly Wednesdays	<input type="checkbox"/> Saturday Trip	<input type="checkbox"/> Friday Lunch
KITCHEN/ DINING ROOM ASSISTANT	<input type="checkbox"/>	
COMPUTER WORK	<input type="checkbox"/>	DESKTOP PUBLISHING <input type="checkbox"/>
TEACHING	<input type="checkbox"/> English	<input type="checkbox"/> Computer
WORKING WITH CHILDREN	<input type="checkbox"/>	YOUTH <input type="checkbox"/>
OTHER		

REFERENCES (Please give the name and telephone number of two character referees (not family members))

Name:	Telephone No:
Name:	Telephone No:
When are you available?	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
How often are you available?	
<input type="checkbox"/> Flexible <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Emergency List <input type="checkbox"/> Other.....	
How did you hear about Volunteering at the Crows Nest Centre:	
<input type="checkbox"/> Internet <input type="checkbox"/> Banner <input type="checkbox"/> Postcard <input type="checkbox"/> Friends/family <input type="checkbox"/> Library <input type="checkbox"/> Notice Board <input type="checkbox"/> Council <input type="checkbox"/> Bus stop <input type="checkbox"/> Newspaper <input type="checkbox"/> Other	
What profile best describes you	
<input type="checkbox"/> Retired <input type="checkbox"/> Parent <input type="checkbox"/> Temp out of work <input type="checkbox"/> Part time work <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Other	

I agree to maintain confidentiality regarding client information and agree to any necessary reference checks, including Police Checks, regarding my application to do volunteer work

Please sign here _____ Date ____/____/____

Thank you for taking the time to complete our application form

OFFICE USE ONLY

Service(s) joined:	Date commenced:
References checked:	Date:
Coordinator's signature:	Date:
Driver's licence sighted:	
Notes:	