

## Volunteer Enquiry Form

Available to start date \_\_\_\_\_

Given Name:		Surname:	
DOB:	Hm Ph:	Mobile:	
Address:			Postcode:
Email Address:			
Next of Kin:	Relationship:	Contact No:	
Alternate:	Relationship:	Contact No:	
Family Dr:	Address:	Contact No:	
Availability: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Frequency: One off events <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Time: 8.15am to 10.15am <input type="checkbox"/> 2pm to 3pm <input type="checkbox"/> other <input type="checkbox"/> _____			
In which area would you like to volunteer? <input type="checkbox"/> Events (This may include Christmas hamper packing, Christmas Party, NAIDOC, Bingo Night etc) <input type="checkbox"/> Kitchen (Breakfast program cooking and cleaning) <input type="checkbox"/> Food Parcel Packing <input type="checkbox"/> Clothes sorting			
Preferred induction time? <input type="checkbox"/> Weekdays am or pm (please circle) <input type="checkbox"/> Saturday am or pm (please circle)			
Medical conditions: Please provide details if you have any medical conditions, injuries, illnesses or allergies which may affect your ability to participate in certain roles?  			
Do you have a Working With Children Check clearance? If yes, please provide your number.			
Signed:		Dated:	
Staff Signed:		Dated:	

PLEASE RETURN FORM VIA EMAIL TO [info@wefh.org.au](mailto:info@wefh.org.au)

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