

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 tick) <input type="checkbox"/> Saturday am or pm (please tick) | | | |
| 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 and expiry. | | | |
| Signed: | | Dated: | |
| Staff Signed: | | Dated: | |

PLEASE RETURN FORM VIA EMAIL TO volunteer@wefh.org.au