

Volunteer Enquiry Form

Start Date _____

Personal Details			
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:	
Certificates and Licenses			
Criminal Record Check: Yes <input type="checkbox"/> No <input type="checkbox"/>		Working With Children Check: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Double Vaccination: Yes <input type="checkbox"/> No <input type="checkbox"/>		Expiry:	
First Aid Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Driver's Licence No:	State:	Class:	Expiry:
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 3pm _____			



In which area would you like to volunteer?

- Events (This may include Christmas hamper packing, Christmas Party, NAIDOC, Bingo Night etc)
- Kitchen (Meal prep and cooking and cleaning)
- Food Parcel Packing
- Clothes sorting

Preferred induction time?

- Weekdays 9am to 2pm _____

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?

Signed:

Dated:

Staff Signed:

Dated: