

VOLUNTEER APPLICATION FORM

PLEASE COMPLETE THIS APPLICATION FORM IF YOU WANT TO BE INVOLVED IN VOLUNTEER ACTIVITIES FOR WENONAH LODGE OR COMMUNITY CARE PROGRAMMES.

PERSONAL

Surname:
Given Names:
Address:
Email:
Languages spoken?

Mobile:	Home:	Work: (do we have your permission to contact you at work?) Y / N
----------------	--------------	---

Person to contact in case of emergency

Name:
Relationship:

Contact Numbers:

Mobile:	Home:	Work:
----------------	--------------	--------------

What area would you like to be involved in?

HOSTEL BASED ACTIVITIES: (please tick)						
Outings	Craft	Music	Card games	Gentle Exercise	Social visiting	Newspaper reading
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>What day(s) would you like to volunteer:</p> <p>& how often (eg weekly, fortnightly, monthly)</p>						
COMMUNITY BASED ACTIVITIES: (please tick)						
Outings	Transport	Meals on Wheels	Shopping	Social visiting	Social Club	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>What day(s) would you like to volunteer:</p> <p>& how often (eg weekly, fortnightly, monthly)</p>						

RELEVANT EXPERIENCE

Briefly describe what experience you have had that will contribute to your ability to be a volunteer.

What skills do you feel would be useful?

Are you willing to use your vehicle in the volunteer program? Yes/No

If yes please note prior to commencing in Volunteer driver program your Driver's license and insurance policy will need to be sighted and recorded by the Coordinator.

APPLICANT'S STATEMENT

Have you at any time been accused or convicted of a criminal offence. Including driving offences?

Yes/No

If "yes" please provide details _____

Do you consent to a federal criminal history check? Yes/No

The information contained in this application is correct to the best of my knowledge. I authorize you to contact by referees regarding my character and experience.

Applicant's signature _____ Date _____

OFFICE USE ONLY:

Police Check completed: _____

Volunteer Handbook _____

Job Description: _____

Date Commenced: _____

Orientation &

Training Completed: _____

Staff Signature: _____