

VOLUNTEER APPLICATION FORM

PERSONAL

Full Name: _____	
Date of Birth: _____	
Preferred Name: _____	
Home Address: _____	Postal Address: _____
_____	_____
Home Phone: _____	Mobile: _____
Fax: _____	Email: _____

Current Drivers Licence Number:	Expiry:
Blue Card Number (if held):	Expiry:
Yellow Exemption Card Number (if held):	Expiry:
Senior First Aid Certificate currency (if held)	Expiry:
Medical History: Is there any medical condition that may affect you while you are volunteering? Eg Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details:	
Contact in case of an Emergency	
Contact 1	
Name: _____	
Ph (H): _____	Mob: _____
Relationship: _____	
Work: _____	
Contact 2	
Name: _____	
Ph (H): _____	Mob: _____
Relationship: _____	
Work: _____	

OCCUPATION/INTERESTS

Occupation (current or previous): _____

Interests, skills or hobbies: _____

What do you enjoy doing? _____

VOLUNTEER WORK

No Give details: _____
 Yes

Have you ever done volunteer work? _____

Which service/s do you wish to do volunteer work for?
 Mossman Community Centre MYS LSC Management Other

What type of volunteer work would you enjoy doing? (Please tick)

<input type="checkbox"/> Front desk reception	<input type="checkbox"/> Youth Activities	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Office work	<input type="checkbox"/> Gardening	<input type="checkbox"/> Special projects
<input type="checkbox"/> Computer	<input type="checkbox"/> Outdoor Activities	<input type="checkbox"/> Helping people with disabilities
<input type="checkbox"/> Newsletter/Directory	<input type="checkbox"/> Teaching / Sharing skills	<input type="checkbox"/> Supportive listening
<input type="checkbox"/> Assisting with activities	<input type="checkbox"/> Community Development	<input type="checkbox"/> Driver
<input type="checkbox"/> Facilitating a group – details	<input type="checkbox"/> Other - details	

How much time can you give? (Please tick)

<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Once a week	<input type="checkbox"/> Once a fortnight
<input type="checkbox"/> Monthly	<input type="checkbox"/> As requested	

FEEDBACK

Why do you want to volunteer for our service? _____

Where did you hear about us? _____

Consent to Use Photograph and/or Other Visual Image and/or Written Information

I give permission to Mossman support Services to use my photograph and/or other visual image and/or written information for the purpose of promotion of the organisation on the website, Facebook page and any media releases.

YES NO

REFEREE

Please provide the name and contact details of a personal referee:

Name: _____

Address: _____

Phone: _____ Email: _____

Signature

Date

Office Use Only

Approved

Recorded in Minutes

Not Approved Reason:
.....

Reference Check by date

Entered in Volunteer Register by date.....