Volunteer Application Form

Personal Details	Name:				
	Address:				
	D.O.B.				
	Tel:	Fax	:		
	Mobile:	Email	:		
How did you hear about	newspaper	nadio n	newsletter		
us?	□ word of mouth	□ other	(please specify)		
Why would you like to			(
volunteer with us?					
What areas of work would	□ administration	□ direct service	□ marketing/promotions		
you prefer?	□ fundraising	□ projects/events	□ governance/board		
you prefer:	☐ IT/ web developr	· -	□ other (please specify)		
De veu have any interests	11/ Web developi	nent/ technology	Utilei (please specify)		
Do you have any interests,					
skills or experience that					
could contribute to the					
organisation?					
Any relevant professional	□ no □ yes				
qualifications or	Please specify:				
certificates?					
Any paid or voluntary	List position titles and duties:				
experience relevant to the					
role?					
Times and days available					
Additional information	Motor vehicle licen	ce: 🗆 yes 🗆 n	10		
	Will apply for a Blue Card if required: □ yes □ no				
	Will undergo police check if required: □ yes □ no				
	Any medical issues	/special needs that m	nay impact on your		
	volunteer involvement: uges no				
	Details:	•			
Emergency contact details	Name:				
,	Relationship:				
	Tel:	Mobile:			
Please provide names and	1. Name:				
contact details of two	Contact:				
referees who can comment	2. Name:				
on your skills	Contact:				
Is there any other	Contact.				
<u> </u>					
information which may					
help us assess your					
suitability as a volunteer?					

Signed:		
Date:		
51		
	e and return this form to:	
insert details		

Policy Review and Version Tracking						
Version	Date Reviewed	Person Responsible	Comments	Date Adopted		
1	17.02.2010	Wildwood Consultants	Customised template			
2	1.04.2010	Kristy Rigby	Reviewed and updated by Director and Coordinators	1.04.10		