

Volunteer Details:

Surname:							
First Name:							
Preferred Name:							
Home Street Address:							
Town:				Post Code:			
Postal Address (If different):							
Town:				Post Code:			
Country of Birth:				Date of Birth:			
Phone Number:				Mobile Number:			
Email:							
Emergency Contact Name:							
Emergency Contact Number:							
Skills you can bring to the service as a volunteer (include any training):							
Are you currently employed (If yes, what is your occupation)?							
Are you on any scheme requiring that you volunteer/work experience? (If yes, please name your organisation and commitment required):							
What would you like to achieve from being a volunteer?							
Do you have any health problems that may affect your volunteer work? If so, how may these issues be addressed in the workplace?							
Which days are you available for volunteer work? Please complete below with specified hours:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Would you be available (please tick) - School holidays YES NO Weeknights YES NO							
Do you speak any language other than English? (If yes, which ones?)							

Have you been involved in volunteer work before? (If yes, with whom?)				
Do you have a current First Aid Certificate? YES NO				
Do you have a current Working with Children Check?				
Yes - WWC Number		Expiry Date		
No				
What would you like to do as a volunteer? Driver Bus Assistant Administration Community Visitor				

Drivers Only:

Have you ever been refused or disqualified from holding a driver's licence? (If yes, please detail)		
Do you have any medical conditional which may restrict your ability to drive a vehicle? (If yes, please detail)		
Are you currently taking medication which may restrict your ability to drive a vehicle? (If yes, please detail):		
Drivers Licence No:		Class Type:
Expiry Date:	Office Use:	Sighted Photocopied

Referees:

Names:	Contact Phone Number:

Name

Signature

Date