

VOLUNTEER APPLICATION FORM

Personal information

Title:	Name:	
Preferred First Name:	DOB:	
Gender:	Phone:	Mobile:
Address:	Email:	
Languages spoken:	Driver's license:	YES NO
	License Num/Exp:	
Do you have a current Working with Children number in NSW?	YES	NO WWC Number:
List any medical conditions that you would like us to know:		
What restrictions will these conditions place on your work capacity?		

Emergency Contact person

Given Name:	Family Name:	
Home Address:		
Home phone:	Mobile:	Work:

Previous Experience

Do you have any relevant qualifications?	YES	NO
If yes please list:		
Do you have any relevant vocational skills?		
Other skills?		
Why do you want to volunteer with Anglicare North Coast? (Optional)		

Reference

1/ Name: _____ Contact: _____

How do you know this person? _____

2/ Name: _____ Contact: _____

How do you know this person? _____

(Please inform your referees that they may be contacted by a Anglicare North Coast representative)

Volunteer Capacity

Do you want to be a Disaster Recovery volunteer only? YES (if yes move to signatures) NO

In which location would you like to be a volunteer? _____

What would be your preferred days of work? _____

How many Hours a day would you like to work? _____

What type of work are you interested in? _____

Signatures

Sign: _____ Date: _____

By signing this section you consent to Anglicare North coast performing the following tasks with your personal details:

(if you don't want your information shared in one or more items please cross through)

- A Criminal record Check
- Checking your working with children status
- Keeping your details on file if you become a volunteer
- For disaster recovery volunteers sharing details with the team leader and EM plan partners

- Sharing within ANC for volunteer purposes
- Checking your references
- Use of your photograph for training and ANC publicity

Office Use

Interview date: _____ References checked: YES NO

Working with Children check ok: YES NO Criminal record ok: YES NO

Volunteer approved for work: YES NO Manager/Coordinator sign: _____

Program: _____ Volunteers Supervisor: _____

Job description Completed: YES NO Handbook provided: YES NO

Driver's license sighted/copied: YES NO Motor Vehicle Policy provided: YES NO

Name Badge provided: YES NO Other: _____ YES NO

