

Site: Program:

VOLUNTEER REGISTRATION FORM

1. Personal Details

Mr Ms Mrs Other, please specify _____

Surname _____ Given Names _____ Preferred Name _____

Address _____

_____ Post Code _____

Phone: _____ (h) _____ (w) _____ (mobile)

E-mail: _____

Would you like to receive volunteer related information? Yes, Email Contact Yes, Postal Contact

2. Do you speak any language other than English? Yes _____ No

3. Do you hold a current driver's licence? Yes No

Do you have your own transport? Yes No

Are you prepared to use your own vehicle? Yes No

4. Emergency Contact

Name _____ Phone _____ (work)

Address _____ (home)

_____ (mobile)

5. Do you have any disabilities or medical conditions that may affect your duties?

No Yes (please describe) _____

6. Are you on any medication? No Yes (please describe)

7. Please provide the names, addresses and telephone numbers of two referees. Anglicare will keep these responses confidential.

REFEREES

	A	B
Name		
Address		
Phone		
Mobile		

I would be available to commence volunteer duties with Anglicare from ____/____/____

I understand that there is no intention to form an employment relationship and contract between Anglicare and myself.

Signed _____ Date ____/____/____

You will be required to authorise Anglicare to obtain a Police Check on you as part of the Recruitment Process. There is no cost to you for this.

