

VOLUNTEER REGISTRATION FORM



YOUR DETAILS

Name: _____

Address: _____

Suburb: _____ Post Code: _____

Email Address: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

Date of Birth: _____ Drivers License Number: _____

Are you Aboriginal and/or Torres Strait Islander? YES NO

Do you have a Working with Children Check (WWCC)? YES NO

Do you have a National Police Clearance (NPC)? YES NO

Do you have your First Aid Certificate (FAC)? YES NO

Level: _____

Will you have your own transport to and from volunteer locations? YES NO

Do you have any medical conditions? YES NO

If YES, please detail: _____

Do you have any dietary requirements/food allergies? YES NO

If YES, please detail: _____

EMERGENCY CONTACT DETAILS

Name: _____

Relationship: _____

Address: _____

Phone: _____ Mobile: _____

VOLUNTEER POSITIONS

Youth Worker Event Staff Office Support Gardening

Work Placement Other: _____

Office Use Only

Have copies of the following been made? WWCC Y N NPC Y N FAC Y N DL Y N

Have details been added to Volunteer Database? Y N Signed: _____