

**VOLUNTEER DETAILS**

Personal Details						
Full name						
Date of birth						
Residential address						
Postal address						
Home phone						
Mobile phone						
Email address						
Emergency Contact Details						
Full Name						
Relationship						
Contact Phone						
Do you have a pre-existing injury or medical condition/disability that would affect your ability to Volunteer?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, can you please provide details below;						
Employment/Volunteer Experience						
Employer	Position Held			Year	Paid/Volunteer	
Availability						
Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Time						
Service	<input type="checkbox"/> Healthy Connections		<input type="checkbox"/> Garden/Maintenance		<input type="checkbox"/> Transport <input type="checkbox"/> Nursery	
	<input type="checkbox"/> Community Support & Wellness		<input type="checkbox"/> Day Respite		<input type="checkbox"/> Café	
Position	<input type="checkbox"/> Respite Assistant		<input type="checkbox"/> Café & Kitchen Assistant		<input type="checkbox"/> Garden Maintenance	
	<input type="checkbox"/> Building Maintenance		<input type="checkbox"/> Nursery Assistant		<input type="checkbox"/> Transport Driver	
	<input type="checkbox"/> Transport Bus Assistant		<input type="checkbox"/> Seniors Activities Assistant		<input type="checkbox"/> Project Pantry	
	<input type="checkbox"/> Administration Assistant					
I am happy to complete an application for a Blue Card with Yellow Card Exemption.						<input type="checkbox"/> Yes <input type="checkbox"/> No

**VOLUNTEER DECLARATION**

I confirm that the information I have listed above is true and correct.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date