



it's easier to care than to turn away

GRIFFITH CAREVAN :: VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

First Name:	Last Name:	
Address:	Mobile:	
Address 2:	Postcode:	
Home Phone:	Mobile:	
Email Address:	Date of Birth:	
Are you under 16? (If yes, parental consent is required)	<input type="checkbox"/> Yes I am under 16	Parent Name:

I _____ give permission for my child (as named above) to register and participate as a Carevan Volunteer _____
Please Print Signature

Occupation (Current or Previous):
If current, Employer Name, Address and Phone Number:

Name and Contact Phone Number of Next of Kin :: In Case of Emergency

Name: _____
 Mobile Number: _____ Home Number: _____
 Work Number: _____ Relationship: _____

GENERAL INFORMATION

What are the areas of volunteering you are interested in? (Please number 1-5)

a) ___ Administration b) ___ Fundraising c) ___ Sponsorship d) ___ Driver – Carevan to and from site

e) ___ Food Co-ordination f) ___ Other (Please write) _____

What new skills/knowledge would you like to develop while volunteering?

What would you like to obtain from Volunteering for Carevan Griffith?

SKILLS AND EXPERIENCE

Do you speak any languages other than English? <i>(please circle)</i> <i>If yes, please specify</i>	Yes	No
Do you hold a valid driver's license? <i>(please circle)</i>	Yes	No
Please list any skills and experience you have (including hobbies)?		

VOLUNTEERING EXPERIENCE

Have you ever undertaken any volunteer work in the past? Yes No
If Yes, please provide details:

Please list any organisations of which you are now a member or affiliated:

AVAILABILITY

How many hours per week/month are you willing to volunteer? _____ hours per week/month

Are you generally available: *(please tick all that apply)*

- Mornings Afternoons Evenings Weekdays Weekends Holidays
 Mondays Tuesdays Wednesdays Thursdays Fridays

You will be required to undergo a (Volunteer) Working With Children Check which is FREE.

A Working with Children Check is one of the tools available to keep children safe.

REFERENCES

Please list two people who can be contacted to provide personal or professional references:

Name: _____ **Tel:** _____

Email Address: _____

Name: _____ **Tel:** _____

Email Address: _____

Signed: _____ **Date:** _____

FOR OFFICE USE ONLY

Type of Work Required: _____

Days Available: _____

Hours & Times: _____

Own Transport: _____

Interviewed by: _____

Referees checked: _____

Working with Children check satisfactory: _____

Responsible to (Name of Worker/Position): _____

If using own transport or driving for organisation record following details:

Drivers License Class and Number:

Expiry Date:

Make, model and registration number of vehicle:

CTP Green Slip coverage sighted: *(please attach copy)*

Expiry date:

Comprehensive Insurance Coverage sighted: *(please attach copy)*

Expiry Date: