



VOLUNTEER APPLICATION FORM

PERSONAL DETAILS: Title Mr Mrs Ms Dr Miss

FIRST NAME:

FAMILY NAME:

ADDRESS:

SUBURB:

STATE:

POSTCODE:

TELEPHONE NO.

MOBILE

EMAIL

DATE OF BIRTH: / /

GENDER: Male Female

DO YOU HAVE A DRIVER'S LICENSE : Yes No Full P Plates
 Heavy Vehicle – (If Yes, please specify LR MR HR HC)

LANGUAGES SPOKEN OTHER THAN ENGLISH:

DO YOU HAVE A DCSI Child Related Employment Screening Yes No

CONTACT & AVAILABILITY

The best time to contact you is: Weekdays Weekends

What days of the week will you be available to volunteer (please indicate morning or afternoon or all day):

Wednesday (PM) Thursday (PM) Friday (PM) Saturday (PM)

TASKS (please tick all relevant tasks you are interested in):

Outreach Event Support

What skills and/or experience will you bring to the organisation?

EMERGENCY CONTACT:

Do you have any existing medical/health conditions with may impact your ability to carry out your tasks safely? If yes, please give details:

Please list any medications/allergies:

Emergency Contact:



Name: :		Relationship to you:	
Contact: Mobile:	Home:	Work:	Email:

REFEREES: Please provide the names and contact details of three people who can act as referees for you. Nominated referees are to include:

1. Employer or supervisor
2. Friend
3. Character reference (public figure or a professional person)

EMPLOYER/SUPERVISOR: Name:	Company/Organisation	Position	Telephone No.
FRIEND: Name:			Telephone No.
CHARACTER REFERENCE: Name:	Company/Organisation	Position	Telephone No.

For further information, please contact Whitelion on 0422 155 862

Jessica.graham@whitelion.asn.au

Here is our website, <http://www.whitelion.asn.au>