

VOLUNTEER APPLICATION FORM

Fundraising Activities Activity Support Volunteer Both

Availability – Weekly Fortnightly Monthly Other

Personal Information:

Name of Applicant: (Mr/Mrs/Ms/Miss).....

Any previous names: (eg., maiden name / alias)

Date of Birth:/...../..... Drivers License No:State:

Place of Birth:

Address:

..... Postcode:

Mailing Address:

..... Postcode:

Home Phone: Mobile:

Email:

Preferred method of contact: Phone: Mobile: Email

Emergency Contact (name):

Emergency Contact (number)

How long have you lived/worked in this community?

What experience do you have working with young people?.....

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What do you enjoy about working with young people?

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What are the qualities and skills you will bring to CYS?

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I acknowledge that this work is undertaken of my own freewill, there is no financial payment (which does not preclude reimbursement of out-of-pocket expenses), it is of benefit to the community and I may require a Working With Children Clearance and approve CY5 to undertake this application.

Signature of Volunteer:Date:/...../.....

CYS office use only:

WWCC applied for Yes **Date:**/...../.....

WWCC application Number: :.....

WWCC granted Yes **Date:**/...../..... No **Date:**/...../.....