



# Volunteer Application Form

## Personal Details

<b>Title:</b>		<b>Surname:</b>	
<b>First Name:</b>		<b>Preferred Name:</b>	
<b>Birth Date:</b>		<b>Gender:</b>	
<b>Address:</b>			
<b>Suburb</b>		<b>State:</b>	
<b>Post Code:</b>		<b>Mobile:</b>	
<b>Email address</b>			

## Emergency Contact Information

<b>Surname:</b>		<b>Given Name:</b>	
<b>Relationship:</b>		<b>Telephone:</b>	

## Background

<b>Why do you want to volunteer at Calvary?</b>	
<b>Current status:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired Employed: <input type="checkbox"/> Part time <input type="checkbox"/> Full time Occupation if employed .....
<b>Do you have any particular needs with which we can support you when you volunteer at Calvary?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:

<b>What roles interest you in Calvary?</b>			
<b>Do you speak any languages other than English?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details:</i>		
<b>Availability for volunteer days:</b>	<b>Monday</b> <input type="checkbox"/> <b>Thursday</b> <input type="checkbox"/> <b>Saturday</b> <input type="checkbox"/>	<b>Tuesday</b> <input type="checkbox"/> <b>Friday</b> <input type="checkbox"/> <b>Sunday</b> <input type="checkbox"/>	<b>Wednesday</b> <input type="checkbox"/>
	(Please note that Saturday and Sunday options are for Eucharist Minister role only)		
<b>Please provide details for two referees (not family members)</b>	<b>Name:</b>		<b>Phone Number:</b>
	<b>Name:</b>		<b>Phone Number:</b>
<b>Site Specific requirements:</b>			
<ul style="list-style-type: none"> <li>○ National Police Checks</li> <li>○ Working with Vulnerable People Card</li> <li>○ Immunisations: e.g. Measles, mumps, rubella, <b>Whooping Cough</b></li> <li>○ COVID-19</li> </ul>			
I have attached all documentation that is required.			
<b>Signed:</b> _____ <b>Date:</b> _____			
<b>Official Use Only</b>			
<b>Staff Member Number:</b>		<b>Joined Date:</b>	
<b>WWVP:</b>		<b>Expiry Date:</b>	
<b>National Police Check:</b>			