

## Calvary Volunteering Application

Personal Details			
Title:		Surname:	
First Name:		Preferred Name:	
Birth Date:		Gender:	
Address:			
Suburb		State:	
Post Code:		Country:	
Phone:		Mobile:	
Email address			
Emergency Contact Info	ormation		
Surname:		Given Name:	
Relationship:		Telephone:	
For Official Use Only			
Staff Member Number:		Joined Date:	
Working with Vulnerable People/Children/ Police Check No.:		Expiry Date:	
Background			
Why do you want to volunteer at Calvary?			
Current occupation/ previous occupation:		Are you currently employed? If yes	☐ Part Time ☐ Full Time
Or are you a:	Student Unemployed Retired Other		
	(state)		
Is there anything we	☐ Yes ☐ No		
need to know that limits your work as a volunteer?	If yes, please give details:		

Have you experienced within the last year, a death in your family or close circle of friends?	☐ Yes ☐ No			
What roles interest you in Calvary?				
Do you speak any languages other than	☐ Yes ☐ No			
English?	If yes, please give details:			
Available for volunteer work:	Days available:			
	Times available: AM PM			
Please provide details for two referees (not family members)	Name:	Phone Number:		
	Name:	Phone Number:		
On receipt of this completed application form we will contact you to arrange a time for an interview.  As a successful applicant, you will then be invited to attend the next available Volunteer Orientation Program.				
I have attached all documentation that is required.				
Signed:	Date:			