



VOLUNTEER APPLICATION FORM

Date..... Reference Number .....

Family Name.....Given Name .....

Address .....

Date of Birth.....

Phone Number: Work..... Home.....

Mobile.....Email.....

What prompted you to enquire about volunteering at Glastonbury?

- A Glastonbury volunteer
Geelong Volunteer Centre
Staff member
Glastonbury Internet
Advertisement
Other (please specify)

Reasons for wishing to become a volunteer / area of interest

Availability for volunteer work

- Are you currently in: paid employment fulltime part-time
Student unemployed retired currently volunteering

Do you have any Centrelink obligations? Hours required?

222 Malop Street, Geelong, 3220
ph: 03 5222 6911 fax: 03 5222 6933

4 Miller Street Colac 3250
ph: 03 5231 4740 fax: 5232 2191

email: admin@glastonbury.org.au

ABN: 98 057 582 733

Are you on Work Cover?.....

What type of skills/experience do you have (paid / voluntary)?

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.....  
.....  
.....

Do you have any medical conditions/illnesses (e.g. fainting attacks, epilepsy? diabetes, psychiatric or psychological condition, heart disorder, high blood pressure, drug or alcohol dependency, hearing or sight impairment, back injuries )? Please list

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Would any of your medical conditions, pre-existing illnesses, physical or psychological conditions, be aggravated by the voluntary work you are applying for?

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Existence of a pre-existing illness will not necessarily prevent an applicant from voluntary work but authority for a medical clearance may be sought.

Emergency Contact Person

.....

Doctor's name and phone number

.....

Name & phone number of two referees whom you authorize us to contact

Name.....Name.....

Phone /mobile .....Phone /Mobile.....

Relationship.....Relationship.....

Do you have a current drivers Licence? ..... Yes/No

Please bring a copy of your drivers licence or other form of identification in order for the National Police check to be completed.

I .....(name) declare this Volunteer Application to contain true and correct information and consent to any reference checks that may be necessary to support this application.

Signature of Applicant ..... Date:.....