



Volunteer Application and Registration Form

This information is confidential and will help us to assist you as a volunteer.

Surname: _____ Given Names: _____

Address: _____

Phone (Home): _____ Phone (Work): _____

Mobile: _____ Email: _____

Would you like to receive notifications by email? Yes / No

Date Of Birth: _____ Languages Spoken: _____

What voluntary work duties are you interested in? _____

What do you hope to achieve by volunteering? _____

What skills do you bring? _____

What do you dislike doing? _____

What days are you available to volunteer? (Please circle.)
Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

What time of day would you like to volunteer? (Please circle.)
Day / Evening

How often would you like to volunteer? (Please circle.)
Weekly / Fortnightly / Monthly / Occasionally

P.T.O

Are there any reasons that you would not be suited to some areas of voluntary work (eg. due to a medical condition)? _____

Name Of Emergency Contact Person: _____

Phone (Home): _____ Phone (Work): _____

Mobile: _____ Relationship To You: _____

Doctor: _____ Phone: _____

Please list any allergies and relevant medical background:

Do you have Ambulance cover? Yes / No

Are you currently on work cover? Yes / No

Do you have a driver's licence? Yes / No

Do you have use of a car? Yes / No

Do you have comprehensive insurance? Yes / No

Where did you hear about volunteering with Northern Carers Network (eg. friend, media, another agency)? _____

REGISTRATION

I understand that any information given to me in my work as a volunteer must be treated as strictly confidential and not revealed to any unauthorised personnel.

Signed

Date

OFFICE USE ONLY

Police Check Viewed

Signed: _____

Date: _____

Name: _____

Accepted: Y / N