VOLUNTEER APPLICATION FORM

Rockingham Regional Environment Centre Naragebup

PERSONAL DETAILS

Name Mr/Mrs/Miss/Ms _____

Address _____

Suburb _____ Post Code: _____

Email _____

Phone _____ Mobile _____

Date of Birth _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

Area of Interest? _____

AVAILABILITY

OPEN to public Thursday to Sunday 10am to 3pm

GARDENERS work Wednesday to Friday

Wed	Thur	Fri	Sat	Sun

Do you require special access or assistance to be a volunteer here?

_____

Do you have medical conditions that we should be aware of?

Please Circle: Yes No

Please List: _____

Do you have a current Working with Children Card?
Please Circle: Yes No WC Number: _____ Sighted_____

Do you have a current Police Clearance?
Please Circle: Yes No Number: _____ Sighted_____

Do you hold a First Aid Certificate?
Please Circle: Yes No Expiry Date: _____ Sighted_____

Have you had any previous volunteer/paid work experience that may be relevant?

_____

CONFIDENTIALITY CLAUSE

I understand that all the information provided above is confidential and available only to the relevant RREC Naragebup Inc Committee and Volunteer staff.

Signature _____ Dated _____