

VOLUNTEER APPLICATION FORM

Please complete the details below and return in the envelope provided

PART ONE – PERSONAL DETAILS

Title: Mr Mrs Miss Ms

Given Names: _____ Surname: _____

Address, Suburb & Postcode: _____

Home Telephone: _____ Work _____ Mobile: _____

Email: _____ Date of Birth _____ Drivers Licence: Yes No

Level of education: Pre-Secondary Secondary College Vocational Tertiary

Work Background or Life Skills: _____

PART TWO: SERVICE INFORMATION

Is there a particular part of C47 that is of interest to you?

Preferred Day (s) Mon Tue Wed Thurs Fri Sat Sun

Preferred Time (s) Morning Afternoon Evening School holidays

What is your main reason for volunteering?

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PART 3 - REFEREES

Referee Number one

1. Name: _____ Date: _____

Contact Number/s: (____) _____

Referee Number Two

2. Name: _____ Date: _____

Contact Number/s: (____) _____

I agree to abide by Colony 47's vision, purpose & values as outlined in the Colony 47 strategic plan.

Volunteer Name: _____

Signature: _____ Date: _____

For Office Use Only

Approved for Service Yes No

Date of commencement / /

Program Manager

Date Received:.....