



2 Monda Road, Bowral, NSW. 2576

Ph: 02 4862 1122

Volunteer Application Form

Surname _____

Given Names _____

Address _____

Phone _____

Email _____

Date of Birth _____

Do you have a Working with Children Check Yes No

Please provide your WWCC No. _____

If No are you willing to obtain Yes No

Do you have a Drivers License Yes No (please attach a copy)

Please provide Drivers License No. _____

Do you have another form of ID Yes No (Please attach a copy)

Do you have a Police Criminal History Check Yes No (Please attach a copy)

Is there any reason why you would be unsuitable to work in some areas of volunteer work? Yes No

Are you prepared to participate in relevant training programs Yes No

Availability: Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

(Please note times available on which days)

Please list your previous experience (paid or unpaid) _____

Please list your skills, hobbies and areas of interest _____

Applicant Signature _____ Date _____

Managers Signature _____ Date _____

