



Volunteer Application Form

Name	
Address	
Contact numbers	
Email address	
Age Group	□25 – 44 □44 – 64 □65 – 74 □75+
Date of birth (required to verify WWCC and police checks)	
Language spoken at home	
Do you speak a language other than English	
Do you hold a valid	Expiry date:
Driver's License?	Learner / Provisional / Unrestricted / Truck or other
Do you have your	
own comprehensively insured vehicle?	
EMERGENCY	
CONTACT	
Emergency contact	
person and contact	
number	
Relationship to you: AVAILABILITY	
Do you have any medical	
condition/allergies of	
which we should be	
made aware during	
the course of your	
volunteering?	
Availability (days and	
times)	
If you need/prefer to	
work within restricted	
hours, what are they?	
Which days of the	
week are you	

GREAT LAKES Womens Shelter





definitely <u>NOT</u> available?			
How often do you	☐ Flexible ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Emergencies		
wish to volunteer?	□ Events		
How many hours per			
day are you able to			
volunteer?	e.g. admin, psychologist, doctor, dentist, legal professional, massage therapist, reflexologist,		
Do you have expertise or interest in a	hairdresser, art therapist, IT skills, events management etc.		
particular field which			
you might like to share			
through volunteering?			
Do you hold a current	Yes / no		
Police Check? If no, be	If yes: number:		
willing to obtain one?	Date of issue:		
Current Working with	Yes / no		
Children Check? Or	If yes: number:		
willing to obtain one?	Expiry date:		
Volunteer information			
Why do you wish to volunteer for the Shelter?			
What type of volunteer work would you like to do with us?			
Have you had any previous volunteering experience? Where?			
	ge would you like to develop whilst volunteering?		

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References

Email address:

Name:	
Relationship to you:	
Phone number and/or mobile:	
Email address:	
Name:	
Relationship to you:	

Phone number and/or mobile:

Please give the name and contact details of two character references:

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