



Volunteer Application Form

11A Croydon Road Keswick SA 5035

Ph: 08 8168 9999 F: 08 8168 9988 E: maureen.merrick@bikesa.asn.au

Family Name:	Given Name:
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Address:	Post Code:
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Phone Home:	Work:	Mobile:
Email:		
Emergency Contact Details & Address if different from above:		

Age Group: *(please tick)* <18 19 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65+

Sex: M <input type="radio"/> F <input type="radio"/>	Languages Spoken:
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Available for work *(Please Tick)* Day Evening Weekend

Do you have a current Drivers Licence: *(Please Tick)* Yes No

Category:

Do you have your own transport?

Yes No

Would you be prepared to use your vehicle on events?

Yes No

First Aid: Senior: Yes No Basic: Yes No

Traffic Marshal Training: Yes No

Shirt Size: S M L XL XXL XXXL

Please briefly outline your skills and work experience:



What are your interests and hobbies?

Are you currently a Volunteer elsewhere? Yes No
Or have you previously worked as a Volunteer? Yes No
If Yes, please outline:

Is there any reason why some areas of volunteering would be unsuitable for you?
Yes No Please Outline:

What is your current employment status? Full time Part Time
Casual Student
Unemployed Retired

Please outline below if you have a physical or medical condition that we need to know about which would affect your ability to undertake certain duties.

Do you currently have a work related injury? Yes No
If yes, please outline

Are you registered with Workcover for this injury? Yes No

Do you agree to undergo: a police check Yes No a health check Yes No

Signature of Applicant:..... Date:.....

Thank you for your application. We will contact you within the next 14 days.