|  |
| --- |
| 1. **Volunteer Details**
 |
| **Surname:** |  | **Given Name:** |  |
| **Address:** |  |
| **Best Contact Phone No:** |  | **Email:** |  |
| **Driver’s Licence:** |  | **Car Registration:** |  |
| 1. **Emergency Contact Details**
 |
| **Name:** |  | **Relationship:** |  |
| **Home Phone:** |  | **Mobile:** |  |
| 1. **National and Other Checks. I have a current (please tick below):**
 |
| **Working with Children Check**  | [ ]  YES [ ]  NO\* |
| **National Police Check** | [ ]  YES [ ]  NO\* |
| **International Police Check** | [ ]  YES [ ]  NO\* |
| **Ambulance Subscription** | [ ]  YES [ ]  NOIn the case of an emergency, an ambulance will be contacted, and associated expenses will be the responsibility of the volunteer. You are encouraged to have an ambulance subscription. |

**\*If NO, Wellsprings for Women will pay for your application if required.**

|  |
| --- |
| 1. **Medical Conditions *(please tick below)*:**
 |
| **Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks?**  | [ ]  YES [ ]  NOIf YES, please detail: |

**NOTE: All medical and personal information will be treated as Confidential. Please ask for a copy of our Privacy Policy and Procedure or you may access it from our website:** [**www.wellspringsforwomen.com**](http://www.wellspringsforwomen.com)

|  |
| --- |
| 1. **Volunteer Profile *In order to assist us to match volunteers with areas of need/client requirements, please also provide the following details:***
 |
| **Date of Birth:** |  |
| **Country of Birth:** |  |
| **Language/s Spoken:** |  |
| 1. **Type of Activity and Dates Preferred *(please tick as many as you prefer below):***
 |
| [ ]  Administration | [ ]  Assisting with Education Programs, eg reading  |
| [ ]  Maintenance/Housekeeping/Cleaning | [ ]  Research |
| [ ]  Hospitality | [ ]  Policy Development/Review |
| [ ]  Children’s Activities | [ ]  Fund Raising |
| [ ]  Community Engagement | [ ]  Grants Writing |
| [ ]  Other (specify): |

**What days and times would you like to volunteer *(please add a X)*?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **MON** | **TUES** | **WEDS** | **THURS** | **FRI** | **SAT** | **SUN** |
| **AM** | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
| **PM** | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |

|  |  |
| --- | --- |
| **Signature of Volunteer:** |  |
| **Date:** |  |