|  |  |  |  |
| --- | --- | --- | --- |
| 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  NO  In 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  NO  If 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:** |  |