

Karingal Seymour

Volunteer Registration Form

The information requested is for administration purposes only. It will allow us to place you in your preferred area within our volunteer network.

Name:

Address:

Telephone: Home: _____

Work: _____

Mobile: _____

Email:

Date of Birth: / /

Voluntary capacity:

Board Member:

Café: Tuesday 2-4pm

Thursday 2-4pm

Kiosk: Friday 10-11.30am

Leisure & Lifestyle Program:

Previous voluntary/work experience:

Qualifications (if applicable):

Preferred/Interests:

One on one

Working with group

With staff

Gardening

Sewing/crafts

Cooking

Reading group

Musical (sing/play
instruments)

Board games

e.g. newspaper

Conversation

Special events (Happy
Hour)

Assist Bingo

Assist meals

Walking group

Support with outings

Bring in pets

Play cards

Hand & nail care

Take shopping

Assist gardening

Other: _____

Please take a moment to complete the reverse side of this form....

Your availability:

Weekdays:	Monday	<input type="checkbox"/> am	<input type="checkbox"/> pm
	Tuesday	<input type="checkbox"/> am	<input type="checkbox"/> pm
	Wednesday	<input type="checkbox"/> am	<input type="checkbox"/> pm
	Thursday	<input type="checkbox"/> am	<input type="checkbox"/> pm
	Friday	<input type="checkbox"/> am	<input type="checkbox"/> pm
Weekends:	Saturday	<input type="checkbox"/> am	<input type="checkbox"/> pm
	Sunday	<input type="checkbox"/> am	<input type="checkbox"/> pm
School Holidays:		<input type="checkbox"/> yes	<input type="checkbox"/> no

First Aid Certificate: yes no
Year Attained or last updated:

Current (VIC.) Driver Licence: yes no
Number:
Car: Comprehensive Insurance: yes no
Insurance Company: Policy number:

Emergency contact information (required):
Name:
Address:
Telephone: Home:
Work:
Mobile:

Doctor:
Telephone:

Medical conditions (optional):

I hereby agree to a check and release of National Police Record, as required by Karingal Seymour.

Volunteer's signature: _____

Date: / /

Office Use Only (CSM to sign & date)

Application received: _____

Police check received: _____

Orientation date: _____

Information given to L&L staff: _____