



Volunteer application form

Date: _____

Personal:

Name: _____

Address: _____

Email _____ Home phone: _____

Mobile phone: _____ Work phone: _____

Age: _____ Date of birth: ____ / ____ / ____ Current drivers licence: Yes / No

Medical Condition/s we should know about: _____

Name of emergency contact _____

Emergency contact's phone number/s _____

Education:

Secondary Tertiary Trade

Professional qualifications: (if any):

Languages:

Employment:

Are you currently employed?: Yes / No Work hours: _____

Please describe work experience, special skills, or training you have been involved in:

Present volunteer work:

Previous volunteer work:

Why would you like to offer your voluntary time to Family Life? _____

What kind of volunteer work interests you?

How did you find out about Family Life and our volunteer programs?

- Article in local papers
- Family Life volunteer
- Friend
- Council
- Website
- Other Please specify: _____

Please circle times when you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
am	am	am	am	am	am
pm	pm	pm	pm	pm	

Please ✓ area of interest:

- Community Relations and fundraising
- Opportunity Shop 355c Bluff Road Hampton (Monday to Saturday)
- Opportunity Shop 316 Charman Road Cheltenham (Monday to Saturday)
- Family and Youth Services (includes family support, tutoring, counselling, etc.)

Please return form to:

Volunteer Coordinator

Family Life

197 Bluff Road

Sandringham VIC 3191

Tel: 8599 5433

Fax: 9598 8820

E-mail: info@familylife.com.au

For more information please visit our web site: www.familylife.com.au

Office use only:

Interview Date:/...../.....

Start date:/...../.....

Welcome letter sent on:/...../.....

Police check: OK/

Working with Children Check Date

Finish date:/...../.....

Thankyou letter sent on:/...../.....

RMS:/...../.....