



YOUTH VOLUNTEER APPLICATION FORM

Thank you for applying to volunteer with [INSERT NAME OF ORGANISATION HERE]. We are delighted that you wish to join our Youth Volunteer Program.

Please note that due to the nature of the program, the time commitment required from you will be approximately hour/s per week.

We hope that you will enjoy your time with us.

Contact Details:

Please print in BLOCK CAPITALS

.....
Title (Mr Ms Mrs Dr) First name Family name

.....
House/Unit No. Street Suburb State Postcode

Postal address (if different from above)

.....
House/Unit No. Street Suburb State Postcode

.....
Email address

Telephone _____ Mobile _____

Date of birth
 Day Month Year

Preferred method of contact?

- mail email phone

Gender:

- Female Male Other

How often do you wish to volunteer?

- Long term (6 months plus) Short Term (3 to 6 months)

Do you hold a current Drivers Licence?

- Yes No

Do you hold any other licences?



Yes If, yes, please provide details No

Do you have a current Working With Children Check issued by the NSW Office of the Children's Guardian?

Yes No

Do you have any additional qualifications or skills?

Yes No

If yes, what are they?

.....
.....

Is there anything else you would like to tell us about?

.....
.....

How did you hear of this volunteer program?

Media Internet Friend School/University Work Other

If 'Other' please specify.....

Referee 1:

Contact Number:

Referee 2:

Contact Number: