



VOLUNTEER APPLICATION

DATE ____/____/____

NAME _____ Male / Female (please circle one)

ADDRESS _____

_____ POSTCODE _____

PHONE NUMBERS Mobile _____

Daytime _____

Home _____

EMAIL ADDRESS _____ DATE OF BIRTH ____/____/____

WHAT LANGUAGE / S DO YOU SPEAK? _____

HAVE YOU WORKED AS A VOLUNTEER BEFORE? YES NO

IF YES, WHAT KIND OF WORK DID YOU DO? _____

AVAILABILITY (please circle): MON TUES WED THURS FRI SAT

HOW OFTEN: WEEKLY FORTNIGHTLY MONTHLY

WOULD YOU BE WILLING TO ATTEND TRAINING? YES NO

DO YOU HAVE YOUR OWN TRANSPORT?: YES NO

IF SO, DO YOU HAVE COMPREHENSIVE CAR INSURANCE YES NO

INSURER: _____

CAR REGISTRATION # _____

WHAT IS YOUR GARDENING / LAWNMOWING EXPERIENCE?: _____

HAVE YOU HAD A RECENT TETANUS INJECTION? YES NO

(If not we strongly advise you to have a booster shot.)

DO YOU HAVE ANY MEDICAL CONDITION / S WHICH COULD AFFECT YOUR ABILITY TO VOLUNTEER? If so, please give details: _____

WHO SHOULD WE CONTACT IN CASE OF EMERGENCY?

Name: _____ Phone: _____

Address: _____

What is their relationship to you? _____

**NAMES OF TWO PERSONS WHO WOULD BE PREPARED TO ACT AS YOUR REFEREE
(Please do NOT include family members)**

1. NAME _____ 2. NAME _____

Relationship to you: _____ Relationship to you: _____

Ph. No.: _____ Ph. No.: _____

STATEMENT

I, _____, state that the information I have given is true and correct. I agree to undergo a criminal record check as part of my application to volunteer, and agree to abide by the attached Code of Behaviour for volunteers of Canterbury City Community Centre.

Signed _____ Date: ____/____/____

OFFICE USE ONLY

References checked by: _____ Date: ____/____/____

CRC passed: Yes No Date: ____/____/____ Code of Behaviour signed: Yes No

Position / Team allocated: _____

Shift Time and Day: _____

Date Commenced: ____/____/____

Comments: _____

Date Left: ____/____/____

Reason for leaving: _____
