**VOLUNTEER INFORMATION SHEET**

**VOLUNTEER POSITION APPLIED FOR:**

**SURNAME:**

**GIVEN NAMES:**

**ADDRESS:**

**SUBURB: POSTCODE:**

**TELEPHONE: (HM): (WK):**

 **(MOBILE):**

**EMAIL ADDRESS:**

**DRIVERS LICENCE NO: CLASS:**

**WORKING WITH VULNERABLE PEOPLE CARD: Yes No**

**FIRST AID CERTIFICATE: Yes No**

**DOB: / /**

**EMERGENCY CONTACT:**

**TELEPHONE: (HM): (WK):**

 **(MOBILE):**

**SIGNATURE:**

**DATE: / /**

**If volunteer is under 18 years of age parents signature required**

**NAME: (please print)**

**SIGNATURE:**

**DATE: / /**