

Volunteer Application Form

Personal	Detail	s:
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Title First Name	Middle Name	Last	Name
Address			
			Postcode
Telephone: (Home)	(Work)	(Mobile)	
Date of Birth / /	Email	Address	
Volunteer Experience:			
Have you volunteered previously?	☐ Yes (please	e give details below)	No
Organisation 1	Position		Time workedyrs.
Organisation 2	Position		Time workedyrs.
Duties performed			
Work Experience:			
Please provide details about your wo	rk experience		
Organisation 1	Position		Time workedyrs.
Organisation 2	Position		Time workedyrs.
Please provide a brief description of	your skills and expe	erience	
Type of Volunteering Work Sou			
☐ Friendship Café (preparing/servin	g light meals)	☐ Mary's Soup Kitche	en (Preparing and serving meals)
☐ Interviewing clients for Community	y Aid	☐ Community Garden	
Other: How did you hear about volunteering	with UnitingCare 0	Glenelg?	
When will you be able to commence	volunteering with u	s?	
Please complete both sides of this fo	orm and return to:	Office Administrator - L	JnitingCare Glenelg

92 Jetty Rd, Glenelg SA 5045

Volunteer Application Form - Continued

Personal Details - continued

Medical	
Doctor's Name	Phone
Do you have any medical conditions which St Andrews	needs to be aware of? ☐ Yes ☐ No
(If Yes, please describe)	
Medications (in case an ambulance is required)	
	Medic Alert No (if applicable)
Will you require any assistance while volunteering? $\ \square$	Yes □ No
(If Yes, please describe)	
First Aid Do you have a current First Aid Certificate? □ Yes □ Languages	□ No If Yes Expiry Date /
Do you speak any language other than English?	
Emergency Contact Details (2 names with contact Name 1	details please) Name 2
Address:	Address
Phone (Mobile)	Phone (Mobile)
Phone (Home)	Phone (Home)
I understand that:	
	employment relationship with UnitingCare Glenelg
I agree to:	
voluntary work (forms will be provided)	
Signed	Date