



Volunteer Application Form

Contact Information

Name: _____ Phone Number: _____

Address: _____ Suburb/Town: _____

Post Code: _____ Date of Birth: ____/____/____ Sex: Male/Female

Drivers Licence Number: _____ Class of Licence: _____

Email Address: _____

Language: _____ (English/Other)

Volunteer Position Information

What position are you applying for? _____

What skills can you contribute to this organisation? _____

What experience do you have in the field of youth work: _____

Interest and Hobbies: _____

Have you ever done volunteer work before? Yes/No (please circle) If yes, please provide details _____

What days are your available: Tue Wed Thru Fri Sat

Available times: Mornings: _____am Afternoons: _____pm Evenings: _____pm

All Volunteers MUST have a working with Children Clearance Number

(Refer to Office of the Children's Guardian – Fact Sheet 16 – How do I apply? – attached with this application form).

Return completed form to admin@nowrayouthcentre.org.au . You will be contacted to arrange a appointment to discuss further requirements.