



VOLUNTEER DETAILS

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

MOBILE PHONE: _____ HOME PHONE: _____

EMAIL: _____ DATE OF BIRTH: _____

SPECIAL DIETARY REQUIREMENTS: _____

CONFIDENTIAL EMERGENCY & MEDICAL INFORMATION

CONTACT IN CASE OF EMERGENCY: _____

RELATIONSHIP TO YOU: _____

PHONE NO.: _____

YOU MAY CHOOSE NOT TO ANSWER THE FOLLOWING QUESTION

MEDICAL INFORMATION (allergies, diabetes, asthma etc): _____

QUALIFICATIONS

DO YOU HAVE ANY OF THE FOLLOWING QUALIFICATIONS?

RSA _____ FIRST AID _____

WHAT IS YOUR AVAILABILITY? (Please circle)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY MAT

SATURDAY EVE SUNDAY MAT SUNDAY EVE OTHER: _____

OFFICE USE ONLY:

COMMENCEMENT DATE: _____ VOLUNTEER: _____

VOLUNTEER CLASSIFICATION: _____ ROLE