

Volunteer Application Form

Date: _____

Surname	
Given name(s)	Preferred Name
Address	
Home phone:	Work phone:
Mobile Phone:	
Email:	
Emergency contact name and number	
Referred by/ ref if indicated	
Experience and Qualifications	
Educational Qualifications/ Work Experience/ Interests	
Working with Children Check Card Number and Expiry Date	
Are you able to provide your own transport to and from families?	
Do you speak any language(s) other than English?	
Indicate Preferred Volunteering Options please tick any/all	
<input type="checkbox"/> Teaching English in family's home <input type="checkbox"/> Social support and friendship- homes and community <input type="checkbox"/> Transport to activities/appointments (occasional or regular) <input type="checkbox"/> Food collection/deliveries <input type="checkbox"/> Housing – offer a spare room; help with inspections and applications <input type="checkbox"/> Letter writing/visiting MPs re concerns and fairness <input type="checkbox"/> Other	
Preferred day(s), times and frequency of volunteering – days per week, mornings / afternoons,	
Preferred region of visiting- Melbourne's western / northern / south eastern suburbs.	

Return to BASP 54 Beaconsfield Parade, Albert Park 3206. Phone Enquiries: 88422691

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