

VOLUNTEER APPLICATION FORM

FAMILY NAME	
FIRST NAME	
ADDRESS	
DATE OF BIRTH	
TELEPHONE (DAY)	
MOBILE	
EMAIL	
PREFERRED DAYS OF WORK (circle)	Monday Tuesday Wednesday Thursday Friday
PREFERRED TIMES (IF NOT FULL TIME) (between 9:00am – 4:00pm)	
PREFERRED AREA OF WORK (circle)	Production Services/Encore Life Skills Office
LICENCES & CERTIFICATES (Tick all appropriate)	<input type="checkbox"/> Motor vehicle <input type="checkbox"/> Forklift <input type="checkbox"/> Medium Rigid (truck) <input type="checkbox"/> PPV - Public Vehicle (bus) <input type="checkbox"/> First Aid <input type="checkbox"/> Other (please specify) _____
NEXT OF KIN AND CONTACT DETAILS (IN EVENT OF EMERGENCY)	
SIGNATURE	
DATE	
IS THIS A CENTRELINK REQUIREMENT? (CIRCLE)	Yes No

Office Use Only:

AREA OF WORK			
START DATE		END DATE	
	Date	Signature	
INDUCTION			
SAFETY GEAR			
MEDICAL			
POLICE DECLARATION			
POLICE CHECK			
FILE TO ADMIN			

Please return to: General Manager; Self Help Workplace; 414 Hobart Road, Youngtown Tas 7249
 Tel.03 6344 7133 Fax. 6343 0651 Email: info@selfhelp.com.au

FORM H037

Issued 12-Dec-18

Printed on Wednesday, 12 December 2018