



COMMUNITY VISION INCORPORATED

What matters to you matters to us

VOLUNTEER STAFF APPLICATION FORM

| | | | | | | |
|---|-----|-----------------|-------|--------------------------------|-----------|-----|
| NAME: | | | | | | |
| ADDRESS: | | | | | POSTCODE: | |
| PHONE NO: Home: | | Work | | Mobile: | | |
| WHAT AREA(S) OF VOLUNTARY WORK ARE YOU INTERESTED IN? | | | | | | |
| General Aged Care [] | | Toy Library [] | | Gardening/Home Maintenance [] | | |
| Visiting / Companionship [] | | Child Care [] | | Vacation Care [] | | |
| Admin [] | | Driving [] | | Other [] | | |
| WHAT SKILLS / EXPERIENCE DO YOU HAVE THAT YOU CAN BRING AS A VOLUNTEER? | | | | | | |
| WOULD YOU PREFER A REGULAR PLACEMENT OR "ON CALL" Regular [] On Call [] | | | | | | |
| WHAT IS YOUR AVAILABILITY? | | | | | | |
| Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| AM | | | | | | |
| PM | | | | | | |
| DO YOU HAVE A CURRENT, CLEAN DRIVER'S LICENCE? YES [] NO [] CLASS: | | | | | | |
| ARE YOU PREPARED TO OBTAIN A POLICE CLEARANCE? YES [] NO [] | | | | | | |
| DO YOU HAVE ANY PHYSICAL LIMITATIONS OR ARE YOU ON ANY MEDICATION WHICH MIGHT LIMIT YOUR ABILITY TO PERFORM CERTAIN TYPES OF WORK? YES [] NO [] | | | | | | |
| PLEASE GIVE DETAILS | | | | | | |
| PLEASE GIVE NAME AND TELEPHONE NUMBERS OF TWO REFEREES: | | | | | | |
| NAME & TELEPHONE NUMBER OF PERSON TO NOTIFY IN CASE OF ACCIDENT: | | | | | | |

Signed: _____ Date: _____

I WISH TO MAKE A TAX-DEDUCTIBLE DONATION OF \$ _____

I enclose my cheque/money order or please charge my credit card [] Visa [] Mastercard [] Bankcard

Card Number

Expiry [/] Signature _____

Mr / Mrs /Ms /Other _____ First Name _____ Surname: _____

Address _____ Postcode _____

Phone (h) _____ (w) _____ Email _____

Please √ (tick) if you wish to receive a receipt []
Donations over \$2.00 are Tax Deductible.