



APPLICATION to be a VOLUNTEER

TYPE OF WORK:

- In-Home Respite Social Support & Shopping Assist Transport
Centre Based Day Care Gardening & Home Maintenance Office work

PERSONAL DETAILS:

Surname: _____ Other Name/s: _____

Marital Status: _____ Gender : Male Female

Date Of Birth: _____ Home Phone: _____

Mobile : _____ email : _____

ADDRESS:

Property Name: _____

Street No: _____ Street: _____

Suburb: _____ State : _____ P/Code: _____

AVAILABILITY:

	AM	PM	AM & PM	N/A
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER DETAILS:

Emergency Contact: _____

Drivers License No: _____ License Expiry Date: _____

Smoker: Yes No Own Transport: Yes No

National Police Clearance: Would you like MCC to apply on your behalf Yes No

If **No**, please enter - Details: _____ Expiry Date: _____

Next Of Kin: Name: _____

Address: _____

Relationship: _____

Telephone No: _____

Mobile: _____

APPLICATION to be a VOLUNTEER

continued

QUALIFICATIONS:

1. _____
2. _____
3. _____
4. _____

EXPERIENCE:

1. _____
2. _____
3. _____
4. _____

MEDICAL CONDITIONS:

1. _____
2. _____
3. _____

**Please complete this next section if you are volunteering for work
which involves driving OTHER people**

VEHICLE:

Vehicle Make: _____ Vehicle Model: _____
Vehicle Year: _____ Vehicle Registration: _____ Engine Capacity: _____
Number of Seats: _____
Vehicle Type: Sedan SWagon Minibus Other Unknown
Can the vehicle carry wheelchairs? Yes No Unknown
Insurance Company: _____
Insurance Expiry Date: _____
Insurance Type: None Comprehensive Third Party Only

Thank you for applying to be a Volunteer

We really appreciate it and so do all our clients

We are sure you will find it very rewarding