

Availability
<i>Please indicate your availability to perform a volunteer role(s)</i>
<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly Further details including approximate hours:
<input type="checkbox"/> Episodic i.e., on request, for a specific event/project/campaign Further details:
Please share with us details of any employment, volunteer roles, or other commitments that may impact your availability

Screening Questions	
Do you have a current Driver's License?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any Allergies, Medical Conditions, or Pre-existing Injuries that could restrict or impact your role as a Volunteer? <i>If 'Yes' please provide more detail so we can look to best support, you in a volunteer role.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If shortlisted as a Volunteer, do you agree to provide evidence that you are immune to the following - Measles, Mumps, Rubella, Chicken Pox (Varicella), Whooping Cough (Pertussis), and Hepatitis B (dependent on role)? <i>You may need to visit your GP to certify your vaccination status and/or arrange vaccination(s) or blood test.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If shortlisted as a Volunteer, do you agree to complete a Criminal History Check?	<input type="checkbox"/> YES <input type="checkbox"/> NO

References	
Please provide the details of 2 referees who have known you for at least 12 months within the past 5 years and can comment on your skills, personal conduct, and character. <i>Please note references will only be contacted after discussion with you.</i>	
Referee 1	
Name	
Mobile Phone Number	
Email Address	
Relationship	
Referee 2	
Name	
Mobile Phone Number	
Email Address	
Relationship	

Signature:		Date:	
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