

HOLIDAY PROGRAM VOLUNTEER FORM

Name _____ Date of Birth _____

Address _____ Postcode _____

Phone: home _____ mobile _____

Email _____

Background

Previous Work Experiences _____

Skills _____

Interests _____

Languages _____

Have you done volunteer work before: YES / NO What kind of work? _____

What skills/competencies to you hope to gain? *(please tick box/s below)*

- Customer Service Leadership Work in a team Confidence
 Initiative Work experience Speaking English Communication with children
 Others *(please specify)* _____

What days/times are you available to volunteer on the April holiday program?

Week 1 Mon am pm Tues am pm Wed am pm

Week 2 Wed am pm Thurs am pm Fri am pm

Person to contact in case of emergency:

Name _____

Address _____

Phone: home _____ mobile _____

If you are currently taking medication of which we should be aware, please give relevant information.

Do you have any medical condition which could restrict you? If so, please give more information.

I have given correct and relevant information.

Volunteer Signature _____ Date _____