



VOLUNTEER APPLICATION FORM

Please complete and return this form to The Director:

In person: **170 Whatley Crescent, Maylands WA 6051**

By post: **PO Box 450, Maylands WA 6931**

Email: shopfront@perthcatholic.org.au

*If you have any queries regarding this form please contact The Director by phone **(08) 9371 9109** or email.*

The Shopfront

VOLUNTEER APPLICATION FORM

The information requested on this form will help us to become familiar with you and your interests and will be kept for record purposes only.

Name: _____

Address: _____

_____ Postcode: _____

Telephone: (Daytime) _____ (Evening) _____

Mobile: _____ Email: _____

Your Age Group: *(please tick one)*

18 – 25 () **26 – 40** () **41 – 60** () **65+** ()

How did you hear about The Shopfront? *(A volunteer? friend? Social media? Other?)*

Hobbies/Special Skills/Training Courses completed? _____

Have you any special health needs? _____

Name and emergency contact number: _____

I would like to offer my services as a volunteer: *(please tick one)*

Weekly (___) Fortnightly (___) Monthly (___)

My preferred hours of volunteering are: *(please tick one)*

(NB: hours may be flexible and can be discussed with The Director)

9.30am – 12pm (___) 12pm – 2pm (___) 9.30am – 2pm (___)

5.30pm – 7.30pm (Tuesday only) (___)

My preferred day of volunteering is: *(please tick one)*

Monday (___) Tuesday (___) Wednesday (___) Thursday (___) Friday (___)

I _____ have read the Volunteers Guidelines for The Shopfront and understand my rights and responsibilities as a volunteer.

I am aware of the mission of The Shopfront and I would like to offer my services as a volunteer.

Signed: _____ Dated: _____