

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS				
NAME	Title:	First Name:	Surname:	Preferred Name:
ADDRESS	Street Address:			
	Suburb/town:			Postcode:
CONTACT DETAILS	Phone number		Mobile	
	Email			
IDENTIFYING INFORMATION	Gender	Male	Female	Language spoken at home
	Birth date	Day	Month	Year
VOLUNTEERING DETAILS				
INTEREST AREA	Please tick all applicable	Camps	Events	Club21
AVAILABILITY	Days		Times	
BACKGROUND Please detail your work experience/skills				
Have you had any previous involvement with Down Syndrome Victoria?		No	Yes	Please detail below
MEDICAL INFORMATION				
EMERGENCY CONTACT	Name		Relationship	
	Email		Contact number	
MEDICAL CONDITION i.e. diabetes, asthma, epilepsy, angina	Do you have a known medical condition?		No	Yes
	Please detail below			

Please feel free to discuss any part of your registration with the Human Resources Department or your staff contact.