

CARRINGTON VOLUNTEER INFORMATION



CARRINGTON

CARING FOR PEOPLE

Name:

Address

Telephone:

Mobile:

Location in which you would prefer to volunteer:

Days that you are available to volunteer (please tick)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Outline the times you are available:

- Mornings
- Afternoons
- Evenings

Please list the skills that you have that you could share with our residents during your voluntary work:

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New State Government Legislation has been put in place to protect the frail aged and vulnerable members of our community. It is now a requirement for all staff and volunteers to undertake a criminal history record check?

Are you willing to have a check completed? Yes No

Signature: Date: ____/____/____