

CARRINGTON VOLUNTEER APPLICATION FORM



Title: Ms Mrs Miss Mr Other _____

Name: _____ Preferred Given Name: _____

Address: _____

Home Phone number: _____ Mobile: _____

Email Address: _____ Date of Birth: _____

Emergency Contact: _____ Phone Number _____

Availability to Volunteer:

Days/Hours available: _____

Mornings:

Afternoons:

Area of interest: Community Visitor Kiosk Bus Driver

Administration Other _____

Skills/Qualifications:

Have you had any relevant work experience in a paid or voluntary capacity? _____

Please list the skills and experiences you have had that may assist you in a

Volunteering role _____

Please list any qualifications or training you have had that may assist you in a

Volunteering role _____

Please list two referees:

| | |
|---------------|---------------|
| Name: | Name: |
| Address: | Address: |
| Relationship: | Relationship: |
| Phone: | Phone: |

How did you hear about Carrington Centennial Care's Volunteer program?

Word of mouth Newspaper Volunteer Centre Staff Member

Other _____

Have you been involved with Carrington previously? No Yes

If yes please give details _____

I hereby apply for the position of Volunteer with Carrington Centennial Care Ltd. I have read the Mission & Values Statement, and agree to uphold the values of the organization whilst carrying out my Volunteer duties. I also accept the necessity to maintain the privacy of any personal information with which I am entrusted. In signing here I agree to treat the information of others with confidentiality. You have the assurance that the Organisation will manage your information with equal respect.

Name (please print) _____

Signature: _____ Date: _____