



VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the CVS Program. Engaging in volunteer work can be a challenging and rewarding experience. Please complete the Application Form to the best of your ability. All details are confidential and for informational purposes only. Submit or email the completed document to <cvs@claremontbaptistchurch.com>

Full Name: _____

Date of Birth: ____/____/____ Gender: _____

Country of Origin: _____

Telephone: _____ Mobile: _____

Email: _____ Preferred Form of Contact: _____

Current Address: _____

Current Occupation: _____

Additional Languages Spoken: _____

Do you currently hold a valid WA Drivers License? Yes: No:

Do you have access to public transport? _____

Health: _____

Volunteers work a minimum of once per fortnight. What days and times will you be available?

Do you have a WA Police Check? Yes: No: Expiry Date: _____

Do you have any previous volunteer experience or training?

Special Interest/Skills: _____

Life Experiences and background: _____

What are your reasons for wanting to begin volunteering with CVS? _____

Please provide details of **two [2]** referees

Referee #1 Name: _____ Relationship: _____

Contact Details: _____

Referee #2 Name: _____ Relationship: _____

Contact Details: _____

Signature: _____ Date: ____/____/____

Coordinator Signature: _____ Date: ____/____/____

Comments - CVS Coordinator
