

APPLICATION TO BECOME A VOLUNTEER

CONFIDENTIAL

Personal Information:

Name: _____

Address: _____

DOB:
(Optional) _____

Telephone:

• Home: _____

• Work: _____

• Mobile: _____

Email Address: _____

Work Information:

Relevant training/qualifications: _____

Previous voluntary work: _____

Skills and experience: _____

Hobbies / interests: _____

Current / previous occupation (s): _____

Languages spoken / cultural background: _____

Do you have a current driver's licence: Yes No

Do you agree to have a police check: Yes No

Do you have any medical condition which would affect your work as a volunteer: Yes No

(If yes please give detail) _____

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Which areas of volunteer work interest you? (Please tick)

- Clerical Centre Based Respite Groups Fundraising Activities
 Consumer Advisory Group Information Stands/Displays Awareness-Raising Activities

Other: _____

Please indicate days and times you are available: (eg. weekends, mornings, Monday)

Please estimate the commitment you can give:

- Ongoing 12 months Less than 6 months

How did you hear about Alzheimer's Australia NT Inc?

- Our Newsletter TV/Radio Friend/Family

Other: _____

Why do you wish to do voluntary work with Alzheimer's Australia NT Inc?

Referees:

Please list 2 referees who can be contacted for a confidential report:

Person one:

Position: _____

Phone: _____

Person two:

Position: _____

Phone: _____

Signature:

I declare that information provided in this form is accurate. I understand that any information regarding individuals (whether staff, clients or volunteers) who have contact with Alzheimer's Australia NT Inc is confidential and needs to be treated with respect and dignity and in a professional manner.

I understand the requirement not to disclose confidential or private information about staff, clients and other volunteers of Alzheimer's Australia NT Inc.

I _____ declare that I have read the Privacy and Confidentiality Statement for Alzheimer's Australia NT Inc. and that I have understood it. I undertake to abide by the Principles as outlined.

Date: _____

Signature: _____