#### **VOLUNTEER APPLICATION FORM**

TNC is the heartbeat of a community that is connected, supported, empowered, inclusive and thriving. We join with the community to share what we can and provide a hand up to those in need, so they can Wallamba-bayn (come back) and join us in delivering our vision.

### **Applicant Details**

First Name		
Surname		
Date of Birth		
Address		
Home Phone		
Mobile Phone		
Email Address		
May we add you to our email list?	Yes	No
Have you received both Covid-19 Vaccinations?	Yes	No
Do you have a current Working with Children Check (WWCC)?	Yes	No
If yes, provide WWCC number?		

### **Emergency Contact Details**

Name	
Relationship	
Home Phone	
Mobile Phone	
Work Phone	



### **Skills**

What skills do you have?			
Bookkeeping / Accounting	Cooking	Gardening	Handywork
IT / Systems	Marketing	Office Admin	Painting
Retail	Other, explain:		

# **Availability Details**

Where would you like to volunteer?				
Child & Family Programs	Commu Events	nity	Community Meals	Community Space Hosting
Delivery & Pickup	Food & Support	Hamper t	Fundraising Events	Gardening
Maintenance	NILS En	iquiries	Office/Reception	Op Shop
Visiting Aged Care Residents				
What days are you available to volunteer on a regular basis?				
Mon Tu	es	Wed	Thurs	Fri
Are you available 9am – 3pm	?	Yes		No
If no, what times are you ava	lable?			
When would you like to start volunteering?				
How many hours each week vyou like to volunteer?	vould			
Are you available after hours weekends for occasional active events?		Yes		No

## **Signatures**

	Applicant	Interviewer
Name		
Signature		
Date		

