



Title

First name

Last name

Gender

Date of birth

Organisation

Email address

Address line 1

Address line 2

Suburb

State

Postcode

Contact number

Emergency Contact

Next of kin:

Next of kin relationship:

Next of kin phone:

Any health or medical issues that may affect your volunteer work?

Details of previous volunteer experience:

Organisation

Supervisor Name

Role undertaken

Length of position

Referees

Where possible, please provide two referees.

Referee 1

Name

Contact Number

Organisation

Referee 2

Name

Contact Number

Organisation



How did you hear about us?

Volunteer area/s of interest?

Administration support

Community support

Fundraising events

Any

Skill set to note

Availability

Weekdays 9 – 5pm

Weeknights after 5pm

Weekends only

Anytime

Transport*

**Volunteers are responsible for their own transport to and from events and community support activities. Volunteers can seek reimbursement for kilometres travelled. Kilometres must be recorded in a log book including odometer reading before and after activity. It is unlikely that a volunteer would be asked to transport members.*

Have own transport:

Driver's license number:

Checklist

Police clearance:*

Police clearance expiry:

WWCC:

WWCC expiry:

**If a current National Police Clearance is not held, Muscular Dystrophy WA will apply for a Volunteer National Police Clearance on your behalf. Should you not want this to happen, please discuss with the Volunteer Manager.*

Volunteer name

Date

Volunteer signature