

# VOLUNTEER APPLICATION FORM

PERSONAL DETAILS				
<b>NAME</b>	Title:	First Name:	Surname:	Preferred Name:
<b>ADDRESS</b>	Street Address:			
	Suburb/town:			Postcode:
<b>CONTACT DETAILS</b>	Phone number		Mobile	
	Email			
<b>IDENTIFYING INFORMATION</b>	<b>Gender</b>	Male	Female	<b>Language spoken at home</b>
	<b>Birth date</b>	Day	Month	Year
VOLUNTEERING DETAILS				
<b>INTEREST AREA</b>	Please tick all applicable	Camps	Events	Club21
<b>AVAILABILITY</b>	Days	Times		
<b>BACKGROUND</b> Please detail <b>your</b> work experience/skills				
Have you had any previous involvement with Down Syndrome Victoria?		No	Yes	Please detail below
MEDICAL INFORMATION				
<b>EMERGENCY CONTACT</b>	Name		Relationship	
	Email		Contact number	
<b>MEDICAL CONDITION</b> i.e. diabetes, asthma, epilepsy, angina	Do you have a known medical condition?		No	Yes
	Please detail below			

Please feel free to discuss any part of your registration with the Human Resources Department or your staff contact.