

Carevan Wagga Incorporated

Associate Application Form

Volunteer's Details

First Name: _____ Surname: _____

Address: _____

Phone Contact: _____ Mobile: _____

Emergency Contact: _____

Email: _____ Date of Birth _____ (optional)

Do you have any of the following:

A current Police Check? (Mandatory) Yes / No Number _____

A current Working with Children Check? (Mandatory) Yes / No Number _____

A current Safe Food Handling Certificate? (Mandatory) Yes / No Number _____

A current First Aid Certificate? Yes / No Number _____

A current Driver's Licence? (Driver's Only) Yes / No Number _____

I am interested in helping Carevan Wagga Inc. in the following ways: (please circle)

Delivering meals & serving at night-time venues

Picking up food supplies

Delivering/picking up food from schools

Helping in warehouse

Managing food in warehouse

Office work in warehouse

Do you have a specific night you prefer? _____

Do you have any specific skills or qualifications? _____

Please list any other organisation you belong to _____

Declaration *To the best of my knowledge the above information is correct, true and complete. I hereby declare that I have never been convicted of any criminal offences in relation to the physical or sexual abuse of children. I agree that Carevan Wagga Inc. may check with Police regarding any information they may hold about me. I have been given a copy of the Carevan Wagga Inc. Manual for volunteers.*

Applicant's Signature: _____

Witnessed by: _____ Witness signature: _____

Date: _____

Thank you for wanting to be involved in Carevan Wagga Inc. We look forward to working with you.