

Carevan Wagga Incorporated Volunteer Registration Form



Volunteer's Details

First Name: _____ Surname: _____

Address: _____

Phone Contact: _____ Mobile: _____

Email: _____ Date of Birth _____

Do you have any of the following:

(Note: Numbers may be provided at the Training and Induction Session: Date - to be advised)

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

A current Working with Children Check? Yes _____ Number _____ No _____

A current First Aid Certificate? Yes _____ Number _____ No _____

A current Safe Food Handling Certificate? Yes _____ Number _____ No _____

A current Driver's Licence? Yes _____ Number _____ No _____

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. Guidelines for Volunteers.

Applicant's Signature: _____

Witnessed by: _____ Witness signature: _____

Date: _____

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

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