|  |  |
| --- | --- |
| Date: |  |
| Name: |  |
| DOB: |  |
| Address: |  |
| Email: |  |
| Telephone: |  |
| Mobile: |  |
| Occupation: |  |

What type of volunteer position are you interested in (please tick):

* Reception or general office
* Friday Lunch
* Tuesday Breakfast
* Orana Early Support Project (supporting mums and bubs)
* Orana Courtyard Coffee Cart/Cafe

Interests or Skills which may prove useful to the position/s that you are applying for:

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| --- |
|  |

What days/hours are you available?

|  |  |
| --- | --- |
| Days: |  |
| Hours: |  |

Why do you wish to volunteer for Orana?

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|  |

Where/how did you hear about Orana?

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|  |

Please let us know of any limitations (physical or other) which we should be aware of:

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|  |

Have you ever done volunteer work before? Yes [ ]  No [ ]

If Yes, please give details

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|  |

Please provide details of two (2) personal referees that can be contacted during office hours.

Please include their name, phone number and address if you have it.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |

**Please provide/attach a ‘Working with Children Check’. This can be obtained free of charge for volunteer positions at:**

<http://www.kidsguardian.nsw.gov.au>