

ADVOCACY SOUTH WEST (INC)

ABN 33 316 320 784

NETWORK SOUTH WEST VOLUNTEER REGISTRATION FORM

Date: ____/____/____

Please complete this form and return to:

Advocacy South West (Inc.)
32 Wittenoom Street
BUNBURY WA 6230

Telephone: (08) 9791 3482
Fax: (08) 9791 3361

Name: _____ D.O.B: ____/____/____

Address: _____

Post Code: _____

Telephone (Home): _____ (Work): _____ (Mobile): _____

How long have you lived at this address? _____

Marital Status: _____ Nationality: _____

Members of Family: (parents, children, siblings as applicable) _____

Occupation: _____

Work Address: _____

How long have you worked there? _____

Previous Job: _____

Do you have a Drivers Licence? _____ Type of Licence: _____

What are your personal interests and hobbies? (Please include clubs, organisations etc. if any)

Have you had any contact with people with disabilities? (If so please give details) _____

How did you hear about the Network South West program? _____

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Please tell us a little about why you wish to become a Network South West volunteer. _____

Do you wish to make any further comment? _____

Character References:

(Give the Name, Address, Phone & Relationship of three referees, at least one of which should be a person you know in a professional capacity)

Name: _____ Telephone: _____

Address: _____

Relationship: _____ Length of time you have known him/her: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____ Length of time you have known him/her: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____ Length of time you have known him/her: _____

I would like to become a Network South West Volunteer, and I give my permission for you to contact the above people regarding my application to be a volunteer.

Signed: _____

Date: ___/___/___

For Office Use - Check List:

Registration Form Completed

Reference Checked

Privacy, Confidentiality Policy

Complaints & Disputes Procedures

Advocacy South West (Inc) Handbook

ADVOCACY SOUTH WEST (INC)

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Police Clearance