



**CatholicCare Volunteer Application Form**

**1. Contact Details**

Name: \_\_\_\_\_ Date of Birth --/--/--/

Address.....

Postal Address: (If Not Same As Above).....

Phone Numbers:

Home: ..... Work:..... Mobile .....

Email: .....

**2. Availability**

Day	Time	
Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM
Saturday	AM	PM
Sunday	AM	PM

**3. Transport**

3.1 Current drivers license **Yes / No**

3.2 Are you able to transport clients in own car? **Yes / No**

3.3 If Yes,  
What is the maximum number of passengers you can take in your vehicle?  
.....

3.4 Do you have car seat for children? **Yes / No**

3.5 Do you have comprehensive insurance? **Yes / No**

3.6 Date of your car registration ..... / ..... / .....

3.7 Which area of Canberra would you prefer to work in?  
 Northside       Southside       Both



**4 What areas would you like to work in? please circle**

**Refugee Support**

**Family Support**

**Disability Support**

**Mental health**

**Aged Care**

**A variety of Programs**

**5 What are your reasons for applying to volunteer?**

.....  
.....  
.....  
.....

**6 Please list any skills / experience which you may bring to this work. (if you have a resume you are welcome to attach it).**

.....

**7 Have you had any previous connections with CatholicCare Canberra & Goulburn before this application?**

.....  
.....

**8 List any other languages you speak, read or write**

.....  
.....

**9 Are you willing to take part in training when required? .....**

.....

**10 How did you hear about CatholicCare Volunteer program?**

.....



**11 References:**

1. Name: .....  
Relationship to You (Personal Referee, Employer, Etc: .....  
Contact Phone Numbers:.....
2. Name: .....  
Relationship to You (Personal Referee, Employer, Etc: .....  
Contact Phone Numbers:.....

**12 EMERGENCY CONTACT PERSON**

Name: .....  
Relationship of the person to you:.....  
Address:.....  
Phone number:.....

**SIGNED..... DATE ...../...../.....**

**Please sign and return to:**

Peter Hill  
Manager Training and Volunteer Resources  
CatholicCare Canberra & Goulburn  
42 Canberra Ave Forrest  
PO Box 3167 Manuka 2603  
Phone: 6295 4301  
Mobile: 0406 377 459