**APPLICATION FOR VOLUNTEER POSITION**

I wish to apply for a voluntary position at Suncoast Christian Care. I have read and understood the workers’ handbook and I agree to abide by its requirements.

Date: …………………………………. Name: ……………………………………………..

Why would you like to volunteer at Suncoast Christian Care?

How did you find out about volunteering as Suncoast Christian Care?

Your address:

Contact Number(s): Date of Birth:

Email address for newsletter and specials:

Vehicle registration number: ………………….……… Driver’s licence number (if driving for us)

Do you have any medical conditions or are you taking any medication that has the potential to impact on your

ability to volunteer? If so, what are they? : …………………………………………………………………………………………………………….

……………………………………………………………………………….

Please note if you have been diagnosed as having Hepatitis A it is not appropriate that you work within the food industry

Work positions of interest:

* Community Grocery Store Soup Kitchen Customer service
* Coffee Shop Driver – Utility Driver – Heavy vehicle licence
* Administration / office work Warehouse Other

Previous experience:

Volunteers are rostered for specific times. Please circle all the times you are available.

 MON am / pm TUE am / pm WED am / pm THU am / pm FRI am / pm

Blue card number………………………………….

If you do not have a Blue Card we can assist you in applying for one. You will not be able to commence with us until this comes through. If you are unable to obtain a Blue Care please speak with the Co-ordinator about areas where you still may be able to volunteer.

Refence that has known you for a year or longer:

Name: ……………………………………………………………………………………………………………………… Phone: …………………………………

Address: …………………………………………………………………………………………………………………………………………………………………..

In case of emergency contact Name:

 Relationship: Contact number: