



Australian Friendship Circle Volunteer Application Form

 Mailing: P.O.Box 19
Balaclava 3183

 p: 1300 785 593

 www.friendshipcircle.org.au
info@friendshipcircle.org.au

Please be aware that no volunteer will be allowed to begin work at Friendship Circle until we have received this completed form.

PERSONAL INFORMATION

First Name Surname

Date of Birth
D D M M Y Y Y Y

Gender

Address

Phone Number Mobile Number

Email Address

Name of School / Uni & Year Group?

If you are University, what are you studying?

EXPERIENCE & AVAILABILITY

Where did you hear about friendship circle and what makes you want to volunteer with us?



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What skills or experience do you have that you can bring with you as a volunteer? (Please use additional paper if required).

Having read the range of programmes available to volunteer for and knowing you own availability, what days, times and programmes are you able to commit to volunteering for? Please list in order of preference, the programmes that most interest you and if there are any programmes you are definitely unable / unwilling to take part in. Please bear in mind that we require a minimum commitment of one year for programme volunteers as much time is spent in ensuring they are trained and matching them appropriate families.



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MEDICAL INFORMATION

Do you have any medical conditions for which you are undergoing treatment or taking medication? YES / NO

If yes, please give full details.

Do you suffer from any allergies? YES / NO

If yes, please give full details of what you are allergic to, what your reaction is and how it is treated.

Are you happy to have over the counter medication and first aid if there were to be an incident during any programme. Please specify what you are willing to have

FIRST AID TYPE	YES	NO
Plasters (Band-aids)		
Paracetamol / Ibuprofen		
Ibuprofen		
Bite cream		




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CHARACTER REFERENCES

Please give us the details of 2 character references that friendship circle can contact before you begin volunteering. (They can not be related to you).

Name & details of referee **one**.

What is their relationship to you?

Name & details of referee **two**.

What is their relationship to you?



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CONFIDENTIALITY AND DISCLOSURE

Due to the nature of the work involved in volunteering for friendship circle, all volunteers are bound by the volunteer code of behaviour and are expected to behave with discretion and maintain confidentiality at all times. This is for the protection of all friendship circle families, the volunteers and our staff. By signing this form you agree to abide by this code of conduct and are confirming that everything you have told us on this form is true. You are also obligated to inform us should there be a change in your circumstances or if any of the answers to the above questions change.

I _____ agree to everything in the volunteer's code of behaviour and confirm that everything I have said in this form is accurate.

Signature

Name : _____

Date : _____



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PARENTAL CONSENT

If you are aged below 18, please ensure your parent or guardian signs here as well to give their permission for you to volunteer.

Name

Parent /
Guardian of

Relationship
to Volunteer

Contact
Numbers in
Emergencies

I have read this form and am happy for my child to volunteer for friendship circle.

Signature

Name : _____

Date : _____