Carevan Wagga Incorporated
Volunteer Registration Form

Volunteer's Details

First Name: _____ Surname: _____

Address: _____

Phone Contact:_____ Mobile: _____

Email:_____

Date of Birth (Required for Working with Children Check): _____

Emergency Contact Name : _____

Emergency Contact Phone Number: _____

Do you have any of the following:

A current Police Check?(Mandatory) Yes / No Number _____

A current Working with Children Check? (Mandatory) Yes / No Number _____

A current Safe Food Handling Certificate? (Mandatory) Yes / No Number _____

A current First Aid Certificate? Yes / No Number _____

A current Driver's Licence? (driver's only) Yes / No Number _____

I am interested in helping Carevan Wagga Inc. in the following ways: (please circle)

Serving meals at night-time venues

Shopping/collecting food supplies

Driving the van

Cooking meals during the day

Office work

Committee participation

Do you have a preferred night for dinner service (Tues, Wed, Thurs)_____

Do you have any specific skills or qualifications? _____

Declaration *To the best of my knowledge the above information is correct, true and complete. I hereby declare that I have never been convicted of any criminal offences in relation to the physical or sexual abuse of children. I agree that Carevan Wagga Inc. may check with Police regarding any information they may hold about me. I have been given a copy of the Carevan Wagga Inc. Manual for volunteers.*

Applicant's Signature: _____

Witnessed by: _____ Witness signature: _____

Date: _____

Thank you for wanting to be involved in Carevan Wagga Inc. We look forward to working with you.