



PARRAMATTA CITY COUNCIL

Home Support and Community Services
Community Development Division
PO Box 32
Parramatta 2124

VOLUNTEER REGISTRATION / ASSESSMENT

DATE OF APPLICATION

DATE OF BIRTH

MR / MRS / MISS / MS

MARITAL STATUS

NAME

COUNTRY OF ORIGIN

ADDRESS

FIRST LANGUAGE

POST CODE

IS AN INTERPRETER REQUIRED ?

YES

NO

PHONE

RELIGION

(H)

(W)

RELEVANT COURSES COMPLETED

CONTACT PERSON

PHONE

(H)

(W)

Have you any medical problems which may limit you volunteer work ?

Family/Social/Work/Other Commitments ?

Previous / Current Work Experience ?

Previous / Current Volunteer Experience ?

Where did you hear about this service ?

Hobbies and interests:

Please indicate the days and times you will be available:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

What type of client would you prefer to work with ?

Frail older people

Adults with disabilities

Carers

All of above

Do you have a current drivers licence ? YES

NO

Licence Number

Class

Do you have your own transport ? YES

NO

Registration Number

Does your vehicle have insurance;

Third party property

Comprehensive

The service insurance only covers comprehensive insured vehicles.

Due to the nature of the work, and the vulnerability of the clients, we are required to ask the following questions.

Have you been convicted of a criminal offence in the past five years and are you currently facing any charges for a criminal offence?

YES

NO

Details:

Do you agree to a police check?

YES

NO

Signature: