Tamworth Family Support Service

Volunteer Details Form

PART A: To be completed by the Volunteer		
First Name/s:	Last Name:	
Preferred Name:	Date of Birth / /	
Address:		
Telephone:	Mobile:	
Email:		
Drivers Licence: ☐ C ☐ LR ☐ MR ☐ HR	No:	Expiry:
Do you have your own transport, or access to transport? ☐ Yes		☐ No
Do you have a Working with Children Check? ☐ Yes ☐ No		Number:
Do you have a National Criminal History Check? ☐ Yes ☐ No		Date Obtained:
Please list your applicable qualifications, skills and abilities, knowledge and previous experience:		
What are your areas of interest, or what type of volunteer role are you interested in?		
What is your availability? (Days, times etc.)		
Emergency contact details		
Name of person you would like contacted in an emergency:		
Their relationship to you:		
Telephone:	Mobile:	
Address:		
Medical details		
Do you have any medical conditions, allergies or special needs that would be of relevance in an emergency situation? ☐ **YES** ☐ **NO** *If yes, please provide details:*		
Do you have any pre-existing injuries or illnesses that would prevent you from carrying out your duties or will be affected by the work you will be doing for Tamworth Family Support Service (TFSS)? ☐ **YES** ☐ **NO** *If yes, please provide details:*		
Please note: Failing to notify, or hiding a pre-existing injury or illness that might be affected by the work that you will be doing for TFSS could result in that condition not being eligible for compensation claims.		
Volunteer to sign		
Signature:	Date:	