



**VOLUNTEER DETAILS FORM**

CONFIDENTIAL

<p>Name:.....</p> <p>Address:.....</p> <p>.....</p> <p>Phone: .....</p> <p>Mobile: .....</p> <p>Email Address: .....</p>	<p>Emergency Contact:</p> <p>Name: .....</p> <p>Address:.....</p> <p>.....</p> <p>Relationship:.....</p> <p>Phone: .....</p> <p>Mobile:.....</p>
<p>Date of birth   ...../...../.....</p>	<p>Vehicle Make: .....</p> <p>Registration No: .....</p> <p>Drivers Licence No: .....</p>
<p>Interests:</p> <p>.....</p> <p>.....</p> <p>Skills:.....</p> <p>.....</p> <p>.....</p> <p>Job Preference:</p> <p><input type="checkbox"/> Driver   <input type="checkbox"/> Offsider   <input type="checkbox"/> Admin</p> <p><input type="checkbox"/> Kitchen   <input type="checkbox"/> Emergency Relief</p> <p><input type="checkbox"/> Committee</p>	<p>Have you undergone a police check?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>Preferred days to work</p> <p>.....</p> <p>.....</p> <p>with: .....</p> <p>.....</p>
<p>Do you have any Medical Conditions MoW FC should be aware of:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If you answered YES, please list</p> <p>.....</p> <p>.....</p>	

Signed .....

Date: .....