



# Volunteer Application Form

A. Volunteer Details			
Surname:		Given Name:	
Address:			
Best Contact Phone No:		Email:	
Driver's Licence:		Car Registration:	
B. Emergency Contact Details			
Name:		Relationship:	
Home Phone:		Mobile:	
C. National and Other Checks. I have a current (please tick below):			
Working with Children Check	<input type="checkbox"/>	YES	<input type="checkbox"/> NO*
National Police Check	<input type="checkbox"/>	YES	<input type="checkbox"/> NO*
International Police Check	<input type="checkbox"/>	YES	<input type="checkbox"/> NO*
Ambulance Subscription	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
<p>In the case of an emergency, an ambulance will be contacted, and associated expenses will be the responsibility of the volunteer. You are encouraged to have an ambulance subscription.</p>			

**\*If NO, Wellsprings for Women will pay for your application if required.**

Doc #:	V03	Doc Owner:	CEO
Version:	2	Review:	Sept 2026
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## D. Medical Conditions *(please tick below):*

Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks?

YES  NO

If YES, please detail:

NOTE: All medical and personal information will be treated as Confidential. Please ask for a copy of our Privacy Policy and Procedure or you may access it from our website: [www.wellspringsforwomen.com](http://www.wellspringsforwomen.com)

## E. Volunteer Profile *In order to assist us to match volunteers with areas of need/client requirements, please also provide the following details:*

Date of Birth:

Country of Birth:

Language/s Spoken:

## F. Type of Activity and Dates Preferred *(please tick as many as you prefer below):*

- |  |  |
|--|--|
| <input type="checkbox"/> Administration                    | <input type="checkbox"/> Assisting with Education Programs, eg reading |
| <input type="checkbox"/> Maintenance/Housekeeping/Cleaning | <input type="checkbox"/> Research                                      |
| <input type="checkbox"/> Hospitality                       | <input type="checkbox"/> Policy Development/Review                     |
| <input type="checkbox"/> Children's Activities             | <input type="checkbox"/> Fund Raising                                  |
| <input type="checkbox"/> Community Engagement              | <input type="checkbox"/> Grants Writing                                |
| <input type="checkbox"/> Other (specify):                  |  |

What days and times would you like to volunteer *(please add a X)*?

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Volunteer:

Date:

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