

**Loganlea Community Association Inc
APPLICATION FOR A VOLUNTEER POSITION**

Name: _____

Address: _____

_____ **Post Code:** _____

Telephone: (H/W) _____ **(M)** _____

Email: _____ **Date of Birth** ___ / ___ / ___

Occupation (current or previous):

Languages spoken:

Have you ever done volunteer work?

Yes

No

If yes, please give details:

Organisations of which you are now a member:

What area/type of volunteer work would you like to be involved in?

Frail Aged

People with Disabilities

Families

Home Help

Research

Driving

Administration

Bookkeeping

Activities Assistant

Training

Childminding

Group Facilitation

Fundraising

Gardening

Submissions

Other.....

How much time can you give? Weekly _____ (hrs) or Monthly _____ (hrs)

Days Available:

- | | | | |
|------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> All Day |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> All Day |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> All Day |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> All Day |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> All Day |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> All Day |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> All Day |

If you are interested in driving please provide your drivers licence number and classes:

Licence No.: _____ **Class(s):** _____

Do you have your own transport?

- Yes No

If yes, what is the make/model: _____ **No. of Doors:** _____

Type of Motor Vehicle Insurance:

- Comprehensive Third Pary

Insurance Company:

Policy Number: _____ **Expiry Date:** _____

(Please note: that a Department of Transport "Driver's Authorisation" will be required if driving Company vehicles and transporting clients, other volunteers and staff)

Qualifications/Interests/Hobbies:

Why do you wish to work for our organisation?

Where did you hear about us?
