

**DOWNTOWN COMMUNITY MINISTRY
VOLUNTEER APPLICATION FORM (MARCH 2008)**

PERSONAL DETAILS

First Name(s) _____ Last Name _____
Phone (H) _____ Phone(W) _____ Mobile _____
Address _____
_____ Email _____

How did you hear about volunteering with Downtown Community Ministry?

What interests you about working for Downtown Community Ministry and what do you hope to gain from it?

POSITION(S) APPLIED FOR

Please indicate your order of preference:

1. _____
2. _____
3. _____

YOUR AVAILABILITY

When are you available for work (please indicate days, number of hours and duration): _____

HEALTH

Have you any past or present medical condition, disease or infection, or injury (for example: sensitivity to chemicals, occupational overuse syndrome, or back injury) that may be aggravated by any requirements of the volunteer position(s) applied for: YES / NO

If yes, please give details _____

EMERGENCY CONTACT DETAILS

Next of kin or other person to be notified in case of an emergency:

Name _____ Last Name _____
Phone (H) _____ Phone(W) _____ Mobile _____
Address _____

POLICE CLEARANCE

Do you have any police record for any offence or any convictions: YES / NO

If yes, please give details _____

VOLUNTEER WORK HISTORY

Have you been a volunteer with any other organisation? YES / NO

If yes, please give the following details:

Name of the Organisation _____

Type of work done _____
 Duration of Work _____ Can we contact the Organisation? YES / NO
 Contact Person _____ Phone _____

WORK HISTORY

Please give details (in brief) of your work experience, qualifications, skills, and any other information which may help us in deciding the area of work most suitable for you:

Organisation	Position Held	Work Done	Duration

DRIVERS LICENCE

These details are required for Volunteers driving the Downtown Community Ministry car or van.

License No. _____ Expiry Date _____

License Valid for Class(es) _____

Special Conditions _____

(You will be required to show your Licence to a representative of Downtown Community Ministry before starting work as Volunteer. A photocopy will then be taken.)

REFEREES (One of these referees should be a current or last employer, if any)

Name of the Organisation _____

Contact Person _____ Phone _____

Position _____

Address _____

_____ Email _____

Name of the Organisation _____

Contact Person _____ Phone _____

Position _____

Address _____

_____ Email _____

Consent to Referee Checks

I _____ (please print your name clearly)

consent to Downtown Community Ministry seeking verbal or written information on a confidential basis about me from the above mentioned referees. I authorise the information sought to be released by them to DCM for the purpose of ascertaining my suitability for a Volunteer work with DCM.

I understand that the information received by DCM is supplied in confidence as evaluative material and will not be disclosed to me.

Signature _____ Date _____