



**GREEK ORTHODOX COMMUNITY OF SA INC
COMMUNITY CARE SERVICES**

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www.gocsacommunitycare.com.au

*This form is to be completed by all volunteers.
Completion of this form does not infer in any way that a placement will be offered to the applicant.*

The omission of relevant information or provision of false information may lead to this application not being considered further or removal from the volunteer program where a placement has commenced.

Applicant Details:

Date: / /

Full Name:.....

Address:.....

Home Phone..... Business Phone No.....

Date of Birth:

Emergency Contact:.....

Relationship:.....

Address:.....

Telephone:.....

Please indicate your availability - specify time and day:

Day	Morning	Afternoon	Weekly	Fortnightly	Monthly
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Skills, Interests, Experience: What type of volunteer activity would you like to undertake?

E.g.: work with clients, in administration, on projects, driving, library, cooking sewing, singing, dancing, taking clients shopping, medical appointments etc.

.....

Do you have any previous work or volunteer experience, paid or unpaid?

Yes/No

If yes, please describe in brief:.....

Do you have a Current Drivers Licence?

Yes/No

If yes, what type?Expiry Date.....

Do you have any qualifications, skills or training?

Yes/No

If yes, please describe.....

Referees: Please provide details of a referee who can act as a personal referee.

Name:

Relationship:

Telephone Contact

I hereby declare that the answers I have given are true.

Signature of Volunteer Applicant:Date..... / /