

South Gippsland Animal Aid Paws Galore Inc.

ABN 83 820 030 098

Inc No. A0039534A

P O Box 666

Wonthaggi Vic 3995

5672 3948

animalaidsouthgippsland.org.au



VOLUNTEER APPLICATION FORM

First Name:		Surname:	
Full Residential Address :			
Home Telephone No:		Post Code:	
Mobile No:		E-mail:	
Date of Birth:		Gender:	

Emergency Contact:

This person will be called in case of illness or injury while working with South Gippsland Animal Aid

First Name:		Surname:	
Relationship:			
Full Residential Address :			
Home Telephone No:		Post Code:	
Mobile No:		E-mail:	

Availability:

Please indicate when you anticipate being available for volunteer work, and what hours you are available for:						
Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Frequency:	Weekly	Fortnightly	Monthly	Other: Please indicate		

Personal Information:

What are your reasons for wanting to participate as a SGAA volunteer?	
List any skills you have as well as any training that you have had which will be applicable to your volunteer work.	
Have you done voluntary work before?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If yes, please state briefly where, when and what you have done:	
Do you have any Allergies?	<input type="checkbox"/> Yes / <input type="checkbox"/> No Please specify _____
Medical conditions?	<input type="checkbox"/> Yes / <input type="checkbox"/> No Please specify _____
Disabilities?	<input type="checkbox"/> Yes / <input type="checkbox"/> No Please specify _____

Please provide two personal references (name and number):

1. _____
2. _____

Disclaimer for Volunteers:

South Gippsland Animal Aid (SGAA) makes every endeavour to provide a safe and secure working environment for all volunteers and not to ask any volunteer to perform tasks beyond the competency of the volunteer, or without appropriate training and supervision. However, every volunteer must take care for their own safety and well-being and the safety and well-being of others around them. Volunteers should not undertake tasks for which they do not feel competent or do work or work in situations at SGAA where they do not believe their own safety is assured. Volunteers must act in a reasonable and safety-conscious way at all times.

Do you agree with the Disclaimer for Volunteers?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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Declaration of Truth:

I declare that the above information is accurate to the best of my knowledge.

Applicant's Signature:		Date:	
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Committee Use Only

Checked form:	Signature:	Date:	
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