



Building friendships
Changing Lives

VOLUNTEER APPLICATION FORM

1 MEMBER INFORMATION

Name: _____
Date Of Birth: ____/____/____ Sex: Male Female
Address: _____
Suburb: _____ State: _____ Postcode: _____
Telephone: (Home) _____ (Work) _____ (Mobile) _____
Email: _____

2 PERSONAL INFORMATION

Do you have an intellectual or development disability? Yes No

If **YES** please feel free to provide information you think is necessary.

Do you have any existing medical conditions or take any medication in which we should be aware of for your own safety? Yes No

If **YES** please feel free to provide information you think is necessary.

If you have a driving licence please give details.

Driver's Licence Number: _____ Expiry

Date: ____/____/____

If you are an insured driver, please give details.

Insurance

Company: _____

Insurance Policy: _____ Expiry Date: ____/____/____

If you had any previous volunteer /paid work experience that may be relevant please give a brief description.

What skills, qualities and attributes do you have that you would like to bring to BBA?

3 EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Volunteer: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____

Email: _____

Your privacy is our priority. Best Buddies Australia abides by the National Privacy Principles in all its dealings with members, volunteers and the public. All personal information you have provided will help us process you as a valued volunteer with our organisation and will be treated as confidential. We may also use your information in aggregate form for statistical purpose - in such cases individual names will not be identified.

4 DECLARATION

In signing this form I have read and understood the following which can be found on our website www.bestbuddies.org.au : (please tick)

- Activity Statement
- Member Statement
- BBA Parent / Guardian Declaration and Authorisation
- Police Check
- Working With Children Check

I declare that the information contained in this application is true and correct.

Volunteer (sign here) _____ Date: ____/____/____

Volunteer (print name) _____

If you do not wish to subscribed to the Best Buddies Australia Newsletter please tick here

Referees Names:

1. _____ Phone: _____

2. _____ Phone: _____

OFFICE USE

Received for BBA by _____ (Employee)

Date: ____/____/____

Thank you for your support of Best Buddies Australia, making lives of people with intellectual disabilities better through one to one friendships!