

Volunteering Availability

Please indicate below ALL of your current availability with a tick.

If you have preferences please circle the ticks.

We will do our best to work with preferences, all depending on where the greatest needs are.

Name: _____

	9:00am – 12:30pm	12:30pm – 4:00pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

If successful, when would you be ready to commence? _____

Areas of Interest

Family Support Inpatient Wards	
Specialist Clinics	
Day or Surgery/Recovery	
Play therapy	
Floater	
Other (please indicate):	

Documentation

Have you handed in your Police Check to Volunteer Service Staff? (Please circle)

Yes No

Have you handed in your Working With Children Check to Volunteer Service Staff? (Please circle)

Yes No