



## Volunteer Registration Form

Name:			
Address:			
Telephone:		Mobile:	
Email:		Date of Birth:	

Is English your primary language:  Yes  No      Country of Birth: \_\_\_\_\_

Please list languages spoken: 

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Have you volunteered before:  Yes  No

Indigenous/Torres Strait Island or both  Yes  No

Do you have access to transport?  Public Transport  Own Car

Qualification/Experience: \_\_\_\_\_

Drivers Licence:  Yes  No

Working with Childrens Check  Yes  No

Can you do Heavy Lifting (e.g. 20kg)  Yes  No

Would you like to be contacted to Volunteer for On off events?  Yes  No

Preferred time/days to Volunteer-

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### Volunteering Interests

Please list your areas of interest for Volunteer positions (eg: gardening, education, kitchen):

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I authorise the Kalgoorlie Boulder Volunteer Centre to release information to a member organisation in order to obtain a volunteer position and give consent to my details being entered into their database to be used for volunteering related purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### As a volunteer I agree

- To follow all policies, procedures and OH&S guidelines at all times with KBVC Inc or Other organisation/agency/charity.
- To keep all information given to me private and confidential.
- To be reliable, honest, responsible and punctual at all times.
- To know my rights as a volunteer.
- To return any documentation required of me in a timely manner.
- To update my personal details should anything change; at my earliest convenience.

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By signing this agreement, you are acknowledging and agreeing to abide by the expectations outlined above. Failure to comply may result in termination of your registration with Kalgoorlie Boulder Volunteer Centre Inc. and volunteer organisation/agency/charity at which you hold a position.

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**Volunteer Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_

**KBVC Coordinator/Admin:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**KBVC Coordinator/Admin Signature:** \_\_\_\_\_