



Volunteer application form

Part A - Personal details				
Title	First name	Surname		
Address				Postcode
	(H)	(B)	(M)	
Email	Occupation			
Date of birth (for insurance purposes)				

Part B - Emergency Contact Details in the event of injury/illness				
Person 1	First name	Surname		
Relationship				
	(H)	(B)	(MOB)	
Person 2	First name	Surname		
Relationship				
	(H)	(B)	(MOB)	

Part C - Volunteer availability	
Days available	preferred times
Frequency	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> special projects
Preferred length of time	<input type="checkbox"/> long term (6 months) <input type="checkbox"/> short term (1-5 months)

Part D - Volunteer work available: Please tick the area(s) that interest you
<p>Family Support Services</p> <p><input type="checkbox"/> Assisting at support group meetings and/or various other meetings as directed by staff of MND NSW staff or their delegate(s). Location may be at our Gladesville office or at an external venue. Duties may include: setting up tables, assisting with catering, assist cleaning up when meeting has concluded etc.</p>
<p>Administration work at our office in Gladesville NSW</p> <p><input type="checkbox"/> general office duties <input type="checkbox"/> data entry <input type="checkbox"/> reception <input type="checkbox"/> mailouts <input type="checkbox"/> special projects</p> <p><input type="checkbox"/> information/resource material compilation <input type="checkbox"/> other</p>
<p>Assist Fundraising by selling merchandise or assisting at events authorised by MND NSW in locations around NSW, ACT, Darwin and Gold Coast</p> <p><input type="checkbox"/> Assisting at Walk to d'Feet MND events, advise location _____</p> <p><input type="checkbox"/> Assisting at other events _____</p> <p><input type="checkbox"/> Selling merchandise, advise location _____</p>



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Ambassador volunteer

Representing MND NSW in the community by giving speeches/talks/presentations to groups such as schools, service and community clubs and collecting money and gifts donated from various sources in your local community.

Advise preferred location _____

Practical support

Assisting in the equipment area, gardening or handyman work

Other, provide details

Part E - Medical History

Do you have any medical or health related condition(s) that may affect your performance as a volunteer or might influence the type of volunteer work that you do? (eg injury, allergy, illness or conditions such as diabetes or epilepsy etc). Please also include details of management strategies and/or medication. Yes/No (If yes, provide details)

Part F - Getting to know you

How did you find out about the MND NSW Volunteer Program?

Please outline any previous experience you have had with MND.

Do you have any previous or current volunteering experience?

What were your reasons for volunteering with our Association?

What skills/talents/experience/qualifications can you bring to the volunteer role?

What is your current work status? (full time, part time, casual, retired, student)



What is the name of your employer? (optional)

How would you describe your computer skills?

non-existent basic very good excellent

I am comfortable with: Word Excel Internet Data Entry Publisher

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Referees: Please provide the names of two referees, personal or professional who are NOT family members. By providing this information, you are giving consent to MND NSW to contact the referees in relation to this application.			
1 First name		Surname	
Address			Post code
Relationship			
 (H)	(B)	(MOB)	
2 First name		Surname	
Address			Post code
 (H)	(B)	(MOB)	
Relationship			

Signature of applicant		Date	
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