

Other Details Please Complete ALL Sections	
1/ Do you have a Driver's Licence:	<input type="checkbox"/> Yes <input type="checkbox"/> No If No go to 7
2/ Licence Number:	
3/ Expiry Date:	
4/ Do you have a car:	<input type="checkbox"/> Yes <input type="checkbox"/> No If No go to 7
5/ Registration Number:	
6/ Insurance Type:	<input type="checkbox"/> Compulsory Third Party <input type="checkbox"/> Third Party <input type="checkbox"/> Comprehensive
7/ Do you have a First Aid Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Expiry Date:
8 How did you hear about MDSI	<input type="checkbox"/> Personal Contact <input type="checkbox"/> Advertisement <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Other (Please Specify)
9 What is your Availability to Volunteer	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> When Required
10 Days Available	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
11 Hours per Day	
12 What service area would you like to volunteer for?	<input type="checkbox"/> Aged Day Care <input type="checkbox"/> Home Visiting <input type="checkbox"/> Transport <input type="checkbox"/> Social Support <input type="checkbox"/> Admin/Clerical <input type="checkbox"/> Playgroup <input type="checkbox"/> English Tutoring
13 Why do want to become a volunteer?	<input type="checkbox"/> To serve the community <input type="checkbox"/> Work / Study Related <input type="checkbox"/> Personal Development <input type="checkbox"/> Other (Please Specify)
14 Interests & Hobbies	

Person to contact in case of Emergency	
Name:	
Relationship to you	
Address	
Phone Number/s	

Employment and Voluntary Work Experience:

Have you ever been convicted of any criminal offence that is not “spent” and that may have relevance to the voluntary position for which you have applied?

Yes No

If yes, please give full details

Are you subject to any criminal charges pending before a court or is there any appeal pending against a conviction that may have relevance to the position for which you have applied?

Yes No

If yes, please give full details

Declaration

I declare that I am the nominated person on this form and that the information given is true and accurate to the best of my knowledge. I also understand that any false or misleading information in this application may lead to cessation of volunteer activities.

- I agree that I will work in accordance with the MDSI aims and objectives, as outlined in the Volunteer Agreement.
- I understand that I am applying for a volunteer position and that there is no remuneration either in goods, kind or money whatsoever for my volunteer services
- I agree that my details can be used by MDSI for the purposes of administration of the volunteer program and keeping me informed of MDSI information and activities.

Please PRINT Name: _____

Signature: _____ Date: _____

Please return in person to: Level 2, 101 Queen St, Campbelltown

**OR POST TO:
Community Services Manager
MDSI
PO Box 525
Campbelltown NSW 2560**