

# Carevan Wangaratta Volunteer Application



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

**Address:** \_\_\_\_\_

## Contact details:

Email: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

Sex: M / F (please circle) D.O.B ; \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

## Please indicate if you are available to work on the following nights

Monday Yes / Unavailable

Tuesday Yes / Unavailable

Wednesday Yes / Unavailable

Sunday (Monthly Cook - Ups) Yes / Unavailable

**Are you available to start from 5.30pm?** Y / N

**If not what time can you be at the van?** \_\_\_\_\_

## How many shifts are you prepared to do with the van?

Weekly \_\_\_\_\_

Monthly \_\_\_\_\_

Bi Monthly \_\_\_\_\_

**Can you tow and park a van (or horse float)?** Y / N

**Do you have a current "Working With Children" card?** Y / N

**If so is it:** Work related - (please tick)

Volunteer - (please tick)

Are you prepared to apply for a “Working With Children” check which involves a Police check? Y / N

Please indicate your occupation:

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Do you have a current first aid certificate? Y / N

Would you like to be part of ;

- Fundraising
- Food
- Maintenance
- Cleaning
- Team Leader

**CONTACT DETAILS:**

Volunteer Coordinator

Email: [volunteer@carevanwangeratta.org.au](mailto:volunteer@carevanwangeratta.org.au)

Ph: 1300 998 225

PO Box 3040 Yarrunga LPO, Wangaratta, Victoria, 3677

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*Office Use Only:*

Included on Volunteer Register:	Date: _____
Induction Completed	Date: _____
Working with Children Check Completed	Date: _____
Drivers License sighted (drivers of van)	Date: _____



*“It’s easier to care than turn away”*