

Willunga District Community Bus Inc



Owned & Operated by Volunteers

18 LACEY DRIVE, ALDINGA BEACH SA 5173

Contact: 85577899 or willungacombus@gmail.com



VOLUNTEER REGISTRATION FORM

Family name: _____ Given name/s _____

Address: _____

Contact: Telephone: _____ Home: _____ Work: _____

Email: _____

Date of Birth: _____ Male - Female - Other – Not disclose

Country of Birth: _____ Language spoken: _____

Available for Volunteer Work (please circle)

Monday Tuesday Wednesday Thursday Friday

What are your skills and previous work experience (paid/voluntary)?

Referred by (By your doctor, social worker, or agency) Y N

If yes, by whom _____

Contact details: _____

Do you have any disability or medical condition which would affect your ability to do certain types of work? Yes/No Detail: _____

Are you on Work Cover? Yes/ No

Is there any reason you would be unsuited to some areas of voluntary work?

Yes/ No Detail: _____

Emergency contact name Relationship Contact

Required for Volunteer drivers: Copy of licence – police clearance - medical health clearance

Signature of Applicant: _____ Date: _____

Signature of Interviewer: _____ Date: _____