

YARLOOP WORKSHOPS INC.
VOLUNTEER APPLICATION FORM

All information is confidential

Name: _____

Address: _____

Contacts: _____ Mobile: _____

Emergency Contact: _____

Skills and Interests

1. Educational Background: _____

2. Current Occupation: _____

3. Hobbies/Skills _____

4. Volunteer Experience: _____

Choices

1. Please circle your preference in relation to your volunteer work:

Events	Gift Shop	Team
Administration	First Aid	Management Committee
Restaurant - Kitchen	Restaurant Service	Tour Guide
Steam Shed	Maintenance	Grounds
	No Preference	

2. Please circle the days that you are available:

Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	
Morning	Afternoon	All Day	As required

3. Do you have a car/transport available for your volunteer work? YES NO

Is your vehicle insured? YES NO

4. Do you have a current drivers licence YES NO CLASS: _____

5. Do you have a current Police Clearance or Working with Children Card?

Details: _____

6. Do you have any physical limitations, or under any course of treatment, which might limit your ability to do certain types of work? YES NO

Details: _____

7. Please list two referees that we may contact:

Name: _____ Name: _____

Telephone: _____ Telephone: _____

8. How did you hear about Yarloop Workshops Inc.

Known to YWS	Friend	Local Newspaper	Library
Training Course	Television	Radio	Poster
Website	Local	Word of Mouth	Family

9. Is there any information that you would like Yarloop Workshops Inc. to know?

10. How can Yarloop Workshops Inc. help you get the best out of your volunteering experience?

Signed _____

Date: _____