

# Volunteer Application Form



breast cancer  
care wa

## PERSONAL DETAILS

Title	Given name/s	Surname
Street address		
Suburb	Postcode	
Telephone	Date of birth	
Email		
Emergency contact name	Emergency contact number	
Relationship		
Do you speak a language other than English? Please specify		

## VOLUNTEERING DETAILS

How did you find out about volunteer opportunities? Please tick

<input type="checkbox"/> Breast Cancer Care WA website	<input type="checkbox"/> Connection with Breast Cancer Care WA
<input type="checkbox"/> Social media	<input type="checkbox"/> Workplace
<input type="checkbox"/> Friend or relative	<input type="checkbox"/> Other Please specify

Do you have any skills, qualifications or previous work/volunteer experience that may be relevant? Please specify

Which volunteer roles are you most interested in? Please tick all that apply

<input type="checkbox"/> Events	<input type="checkbox"/> Administration support	<input type="checkbox"/> Practical support (eg transport, gardening, cleaning)
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Please note that some roles require accreditation to meet specific criteria.

**We hold various fundraising events throughout the year. We will contact you when these events are being held so you can register your interest.**



## CLEARANCE CHECK

Please indicate if you hold any of the following?

<b>Police Clearance</b> (original copy to be sighted)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of issue:</b>
<b>Working with Children</b> (original copy to be sighted)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of expiry:</b>
<b>Driver's License</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of issue/expiry:</b> <b>License number:</b>
<b>RSA (Responsible Service of Alcohol)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of issue:</b> <b>State of issue:</b>
<b>First Aid Certificate</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of issue/expiry:</b>

Please be aware that all volunteers will need a National Police Clearance. If you do not hold a current police clearance we can assist you in applying for these.

## REFEREE CHECK

Please provide details of one personal referee and one professional referee. (Not family members)

<b>Name</b>	<b>Relationship</b>
<b>Phone</b>	<b>Email</b>
<b>Name</b>	<b>Relationship</b>
<b>Phone</b>	<b>Email</b>

Please email your completed form to [volunteers@breastcancer.org.au](mailto:volunteers@breastcancer.org.au)