

# Friends of Cabbage Tree Bay Volunteer Application Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone No: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have any volunteer experience with other organisations? If yes please give details.

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What skills and qualities do you have which could assist you in your role as a Friends of Cabbage Tree Bay Volunteer?

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Do you have first aid qualifications?

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Do you have any health conditions that will prevent you from being involved in any volunteering activities (e.g. long walks)? If yes please give details.

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Is English your first language?

( ) No      ( ) Yes

If Yes, do you speak any other languages? Please list.

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As your work will bring you in contact with members of the public, do you have any objections to undergoing a National criminal history security check and working with children check?

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Is there any other information we should know about you that could be relevant to being a Friends of Cabbage Tree Bay Volunteer?

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**Declaration:**

I certify that the above information supplied by myself on this nomination form is true and correct.

Signed: _____ Date: _____
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*Please note: Application does not ensure a place as a Friends of Cabbage Tree Bay Volunteer. All nominees must pass a national criminal history check and working with children check. Positions are limited and applicants will require an interview before being accepted and training commences.*

Thank you for your application!