



## GREEK ORTHODOX COMMUNITY OF SA INC

### COMMUNITY CARE SERVICES

262 Franklin Street,  
ADELAIDE SA 5000

T: (08) 7088 0500 F: (08) 7088 0514

[www.gocsacommunitycare.com.au](http://www.gocsacommunitycare.com.au)

*This form is to be completed by all volunteers.*

*Completion of this form does not infer in any way that a placement will be offered to the applicant.*

The omission of relevant information or provision of false information may lead to this application not being considered further or removal from the volunteer program where a placement has commenced.

**Applicant Details:**

**Date:**     /     /

Full Name:.....

Address:.....

Home Phone.....     Mobile No.....

Date of Birth: ...../...../.....

Emergency Contact Person:.....

Relationship:.....

Address:.....

Emergency Contact number:.....

Please indicate your availability specify time and day:

Day	Morning	Afternoon	Weekly	Fortnightly	Monthly
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

**Skills, Interests, Experience:** What type of volunteer activities would you like to undertake?

E.g.: work with clients, in administration, on projects, driving, library, cooking sewing, singing, dancing, taking clients shopping, medical appointments etc.

.....

Do you have any previous work or volunteer experience, paid or unpaid?

Yes No

If yes, please describe in brief:.....

Do you have a Current Drivers Licence?

Yes No

If yes, what type? .....Expiry Date.....

Do you have any qualifications, skills or training?

Yes No

If yes, please describe.....

**Referees:** Please provide details of 2 referees who can act as a personal referee.

(1) Name: .....

(1) Relationship: .....

(1) Telephone Contact .....

(2) Name: .....

(2) Relationship: .....

(2) Telephone Contact .....

**I hereby declare that the answers I have given are true.**

Signature of Volunteer Applicant: .....

Signature of witness \_\_\_\_\_

Name / Designation of witness \_\_\_\_\_

Date .... / ..... / .....