

North Townsville Community Hub Inc.
VOLUNTEER INFORMATION SHEET

NAME:

ADDRESS:

TEL NO.MOBILE:.....

- Preferred Duty:
- SHOP
 - RECEPTION
 - MAINTENANCE
 - OTHER

Preferred Days: Monday Tuesday Wednesday Thursday Friday

Are you available on any other day in an emergency? YES NO

Please tell us a little about yourself and your work experience:

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.....

Do you have a positive Blue Card to work with children? YES NO EXPIRED
Are you prohibited from having a Blue Card? YES NO

Do you have a medical condition that we should know about?

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Emergency Contact Person:

Name:Phone No.....

Referee: Name:..... Relationship:..... Phone No.....

Referee: Name:..... Relationship:..... Phone No.....

I agree to abide by the philosophy and guiding principles of North Townsville Community Hub and to observe all confidentiality requirements. I understand that failure to comply might terminate my services as a volunteer.

Signed:..... Date:.....