



Volunteer/Practicum Application Form

Version 1.4

(Please Print)

Date of Application: / /

Mr Mrs Miss Ms Other

SURNAME: _____

Given Names: _____

POSTAL ADDRESS: _____

P/CODE: _____

EMAIL ADDRESS: _____

PHONE: (H): _____ (B): _____ (M): _____

DATE OF BIRTH: / /

Please indicate position you are applying for:

- Development Worker
- Office / Administration

Please list your SKILLS, HOBBIES and OTHER INTERESTS:

Empty box for listing skills, hobbies and other interests.

EDUCATION, Qualifications and training:

Empty box for listing education, qualifications and training.

Employment History *including* Volunteer positions

<u>Employer</u>	<u>Year</u>	<u>Position</u>	<u>Duties</u>

Why are you interested in working for Spiral?

Empty box for explaining interest in working for Spiral.

For Development Worker / Coordinator applicants **Why do you wish to support people who live with a disability and what strengths / passions can you bring to the role?**

REFEREES

Name / Position	Organisation and Address	Contact Phone or Mobile

EMERGENCY CONTACT

Name	Address	Contact Phone / Mobile

Do you have any pre-existing injury or medical condition that may impede the nature of the duties and responsibilities of the position for which you are applying?

Yes No

If yes, please provide a brief description (or on a separate advice):

DECLARATION:

I declare that to the best of my knowledge, the information I have provided in this application is true and correct

Name: _____ **Signature:** _____