



# Volunteer Application Form

<b>Personal Details</b>			
First Name			
Surname			
Address			
Phone	Home	Work	Mobile
Email			
<b>Emergency Contact</b>			
Name			
Phone			

Do you have your own transport?  Yes  No

Preferred method of contact:  Phone  SMS  Email

How did you find out about The Leisure Company?

Word of mouth  TV Ad  Newspaper  Facebook  Other \_\_\_\_\_

Melissa Potts  
 Volunteer Coordinator  
[MelissaP@theleisurecompany.org](mailto:MelissaP@theleisurecompany.org)  
 Phone: 02 69 212 330 or Mobile: 0429 578 420

## Reasons for Volunteering

We would like to find out your reasons for volunteering so we can link you with an activity that will suit your needs and meet your expectations.

**What are your reasons for volunteering?**

Work placement Student /  Volunteering

*Comments:*


**What do you hope to gain out of volunteering with The Leisure Company?**


**Do you have any special skills you would like us to know about?**


**Do you have any medical conditions that could restrict your Duties?**


**What are your main areas of interests?**


**Please indicate if you are interested in the following activities:**

Activity	YES	NO
Sport, Games and swimming		
Cooking		
Gardening and Woodwork		
Arts and Crafts		
Music, Dance and Drama		
RDA (Horse Riding)		
Relaxation and Beauty		
Technology		

**What days and times are you available to volunteer?**

Monday 9-3 <input type="checkbox"/>	Tuesday 9-3 <input type="checkbox"/>	Wednesday 9-3 <input type="checkbox"/>	Thursday 9-3 <input type="checkbox"/>	Friday 9-3 <input type="checkbox"/>
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Wednesday 3- 5.30 <input type="checkbox"/>	Thursday 3-5.30 <input type="checkbox"/>	Saturday 9 -4 <input type="checkbox"/>	Other:
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Signature of Applicant		Date     /     /
Signature of Volunteer Coordinator		Date     /     /

# The Leisure Company

## Confidentiality Agreement

### Staff/Committee Member/ Volunteer

*All staff, committee members and volunteers need to be aware of confidentiality. Information about service users, staff, or business operations is **not** to be discussed outside the organisation. Permission needs to be sort before passing information to other groups.*

I (name) \_\_\_\_\_

*Will agree to this confidentiality statement*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

**Please check the following box's when the volunteer has signed / read / submitted the following information:**

- Volunteer Application Form
- Reasons for Volunteering
- Leisure Interests
- Confidentiality Agreement
- Code of Conduct
- Work Health and Safety
- Wheelchair Safety

Staff Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_