



VOLUNTEER APPLICATION FORM

Contact Details:

Name: _____

Address: _____

_____ Postcode: _____

Telephone: (Home) _____ (Work) _____

Contact in emergency: _____

Telephone: (Home) _____ (Work) _____

References:

Name: _____ Ph: _____

Name: _____ Ph: _____

Volunteer Areas:

Please tick your preference:

- Working in the café & kitchen Working in the Gift Shop
 Ward trolley – taking the trolley of goods for sale to patients in wards in hospital

Availability:

What days/times are you available for volunteer work?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Parking Permit:

To enable us to provide you with free parking in the volunteer parking area please fill in the following details;

Car Make: _____ Model: _____ Registration: _____

Signed: _____ Date: _____

Thank you for your interest in volunteering with WIRF. Please return this application to the café/Gift shop or post to WIRF, PO Box 134, Subiaco 6904 and we'll be in contact with you shortly.