

## Volunteer Application Form

Name:	
Address:	
Phone:	
Mobile:	
E-mail:	
Date of Birth:	

<b>Next of Kin</b>	
Name:	
Address:	
Phone:	
Mobile:	
<b>Previous employment or volunteer work relevant to the Society's activities:</b>	
<b>Days and Times Available:</b>	
<b>Name and phone number of two referees:</b>	

What type of work would you like to do?

- 1. Clerical support
- 2. Resource Centre
- 3. Fundraising
- 4. Camp Leader.....10 – 15 year olds   
15 years to adult
- 5. Club Slick 50's & 60's Rock 'n' Roll assistant - 10 years +
- 6. Junior Club Slick Rock 'n' Roll assistant – 5-12 years
- 7. Life Education support
- 8. Early Intervention support

All volunteers are initially on a three (3) month probation, then reviewed.

**Declaration by Volunteer:**

I wish to apply for consideration as a volunteer with Down Syndrome South Australia. I understand that as a volunteer, I am required to comply with all relevant Down Syndrome South Australia policies, including Leisure and Recreation Committee policies.

I understand that participation as a volunteer does not entitle me to any paid position. I agree to accept the arrangements made with Down Syndrome South Australia and I am aware that these arrangements can be varied or terminated at any time.

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

