

Down Syndrome Society of South Australia Inc

Office: Hampstead Primary School (west wing) Muller Road GREENACRES
(Office Hours 9am to 4.30pm, Monday to Friday)
Postal: PO Box 436 GREENACRES SA 5086
Email: downssa@chariot.net.au

Phone: (08) 8369 1122
Fax: (08) 8261 7660

VOLUNTEER APPLICATION FORM 2008

NAME:

ADDRESS:

.....

PHONE NO: (H) (W)

DATE OF BIRTH:

NEXT OF KIN:

ADDRESS:

.....

PHONE: (H) (W)

Previous employment/voluntary positions relevant to the Society's activities:

.....
.....
.....
.....

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
- 6. Other

I am interested in volunteering in the following activities:

.....
.....

Times available:

.....
.....

Any other comments:

.....
.....
.....

Name and phone number of two referees:

.....
.....

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 the Down Syndrome Society of South Australia Inc. I understand that as a volunteer, I am required to comply with all relevant Down Syndrome Society of South Australia Inc and 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 the Down Syndrome Society of South Australia Inc and I am aware that these arrangements can be varied or terminated at any time.

Signed:Date: