



VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Surname		Given Name						
Country of Birth		Date of Birth			Gender	M	F	
Current Address								
Email			Phone			Mobile		
Interests & Hobbies								
Languages Spoken								
Reasons for Volunteering								
Availability	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
Emergency Contact	Name				Relationship			
	Address					Phone		

PROFESSIONAL HISTORY

Previous Volunteering Experience								
Training & Certificates								
Working With Children YES / NO			First Aid Training YES / NO			Food Handling YES / NO		
Referees	Name				Organisation			
	Email				Phone			
	Name				Organisation			
	Email				Phone			

Please tick the program/s you are interested in volunteering with:

Social Support for the ageing community	Home visiting, hospitality, craft activities and more	
Driver	Transport seniors to and from activities in a BRMC vehicle	
Homework Club	Become a student tutor	
Migrant English Program	Become an English tutor	
Administration	Assist at reception	
Stepping Stones to Small Business Program	Provide mentorship advice and support to program graduates	
Developing Our Children Together	Assist at the workshop and kid activities.	
Events & Fundraising	Assist at events and with fundraising activities	
Comments		

VOLUNTEER AGREEMENT

1. I agree to perform my duties to the best of my ability and accept that I am not expected to work outside of these guidelines.
2. I agree, as far as possible, to make a commitment of three months to the _____ program.
3. I understand that I need to contact the Program Coordinator as soon as I know I am able or unable to work on a particular day.
4. I realise that my ideas and experiences are important in the area in which I volunteer and for the further development of the volunteer program, therefore, I will communicate my ideas and experiences with my Coordinator.
5. I understand that should an accident occur while in my capacity as a volunteer at BRMC, I am covered by insurance.
6. I agree to abide by the established rules in respect to "Confidentiality".
7. I have read and understand my "Rights and Responsibilities" as a volunteer at BRMC.
8. I will notify the Program Coordinator of my resignation.
9. If there is dissatisfaction on either side, this agreement can be terminated following consultation with both parties.

Volunteer's signature _____ Date _____

Coordinator _____ Signature _____