

VOLUNTEER APPLICATION FORM



Name:

Address:

Date of Birth

Phone

Mobile

Email

Please circle your current employment status:

- Employed Full-time Employed Part-time Retired
 Unemployed Seeking Employment Student WorkCover

Have you volunteered before - please give details:

Organisation / Approx date from - to / Position

Name of position you are applying for:

Other areas you might like to contribute to:

- Administration Training and support Data Collection
 Grant Writing Research Marketing/promotions
 Events Web site maintenance Funding

Can you speak/write in another language? YES NO

If yes, please note language:



Are you willing to undertake relevant training to necessary for you to carry out your volunteer role? YES NO

African Women's Federation of SA is committed to providing an equal opportunity to all applicants and will select volunteers only on the basis of merit for the volunteer position.

Do you have a disability or medical condition that will affect your volunteer work at African Women's Federation of SA? YES NO

If YES what type of supports might you require?

How often are you prepared to volunteer for with the African Women's Federation?
Please circle preference

Weekly Fortnightly Monthly As required

I am willing to commit to the African Women's Federation of SA for a period of

3 months 6 months 9 months 12 months indefinitely

Please indicate which days you may be available and give approximate times

	Monday	Tuesday	Wednesday	Thursday	Friday	Any
AM						
PM						



If your application to volunteer at African Women's Federation of SA is successful, will you be able to provide us with two referees with contact telephone numbers? The referees must be someone you have known longer than two years and not a family member.

YES NO

Are you willing to undertake a National Police Check if required by African Women's Federation of SA (at no cost to yourself)?

YES NO

Declaration

I, (Full legal name) declare that the information given in this application is true and correct.

- » I acknowledge that any false or misleading information may lead to my application being rejected or any subsequent approval revoked
- » I will notify African Women's Federation of SA if any of my above circumstances change
- » I agree African Women's Federation of SA reserves the right to refuse my application.

Signed: _____

Date: _____

PLEASE SUBMIT THIS FORM TO AWFOSA WITH A COPY OF YOUR C.V.

POST TO: Constance Jones, African Women's Federation of SA
ADDRESS: 304 Henley Beach Road, Underdale 5032
EMAIL TO: constance.jones@awfosa.org.au