



HORNSBY CONNECT INC.

Your Community Food Pantry

"a hand-up for all in need"

ABN: 71 210 957 229 - CFN/24151

HORNSBY YOUTH & FAMILY
COMMUNITY CENTRE
20 Burdett Street Hornsby

Ph: 0403 290 420

Email: volunteering@hornsbyconnect.org.au

Volunteer Application Form

Personal details:

Title: _____ First name: _____ Middle name: _____ Family name: _____

Preferred name (for name badge if different from First name) _____

Address: _____ Postcode: _____

Home phone: _____ Mobile: _____

Email address: _____

Best method of communication in first instance: Mobile phone Home Phone Email

Age Group: 25 - 44 44 - 64 65 - 74 75+ Date of birth: _____

Language spoken at home: _____ Do you speak a language other than English: _____

Do you hold a valid Driver's License? Yes/No Do you have your own vehicle? Yes/No

Working with children Number _____ Expiry Date _____

Contact person in case of emergencies:

First name: _____ Surname: _____ Relationship to you: _____

Home phone: _____ Mobile: _____

Do you have any medical condition of which we should be made aware during the course of your volunteering?

General information:

Employment background/work experience:

Do you have expertise or interest in a particular field which you might like to share through volunteering?

e.g. psychologist, legal professional, art therapist, IT skills, etc.



Volunteer information

Why do you wish to volunteer for Hornsby Connect?

What type of volunteer work would you like to do with us?

Have you had any previous volunteering experience?

What new skills/knowledge would you like to develop whilst volunteering?

How did you hear about us? _____

Availability

Which days of the week are you available? Tue Wed

How often do you wish to volunteer? Flexible Weekly Fortnightly Monthly Emergencies

Our hours are 12-4pm on Wednesdays. How many hours are you able to volunteer? _____

Are you available on a Tuesday to pick up heavy food from various sources? _____

I agree when accepted as a volunteer, I will observe the Volunteers' Guidelines and acknowledge I was provided with a copy of these guidelines and they were explained to me by a representative of Hornsby Connect.

Signature _____

Name _____ Date _____

You may also apply online at www.hornsbyconnect.org.au/volunteer-registration