

MACARTHUR DISTRICT TEMPORARY FAMILY CARE INC
PEER SUPPORT PROGRAMME

VOLUNTEER APPLICATION

SURNAME: _____
MAIDEN NAME: _____
FIRST NAME: _____ D.O.B: _____

COUNTRY OF BIRTH: _____
CITY: _____

ADDRESS: _____
HOME PHONE NO: _____ WORK PHONE NO: _____

PLACE OF EMPLOYMENT/SCHOOLING: _____

VEHICLE REGISTRATION NO: _____
LICENSE NO: _____ CLASS: _____
TYPE OF VEHICLE INSURANCE: _____
FROM: _____ TO: _____

EXPERIENCE: _____

HOBBIES/INTERESTS: _____

INVITATION TO TRAINING COURSE: _____
ATTENDANCE DATE: _____

POLICE CHECK AUTHORISATION:

I hereby authorise Macarthur District Temporary Family Care Inc to request an enquiry of the Police Department Records to assist in establishing my suitability in becoming a volunteer with the Agency.

Signature of Applicant: _____

Signature of Witness: _____

Date: _____