

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: \_\_\_\_\_