



Pomona & District Community House Inc

1 Memorial Avenue
Pomona Qld 4568
Phone: (07) 5485 2427
Fax: (07) 5485 1702

Coordinators: Heather Manders
Kathryn Shewring

ABN 86 583 189 320

Volunteer Application Form (Confidential)

Please print -

Given name (s)Surname

Address

Phone:Emergency Contact (Name & Number).....

Email Address:Date of Birth (Optional).....

When are you available? Preferred day/s

Morning or Afternoon Shifts? Can you be on call

Which of the **following jobs available** would you prefer to do? Please tick.

Reception

Computer Skills

Craft

Garden

Events and Activities

Other(please state below)

Other.....

Usual or Previous Occupation

What other skills or previous experience do you have that would be useful: e.g. Secretarial, Bookkeeping, Accounting, Grants, Journalism, Grant Writing, Craft, Language, Workshop etc.

Other.....

Are you skilled in Computer/Internet use?

What are your interest/hobbies?

How did you hear about the Community House?

What are your reasons for volunteering?

What period of commitment are you prepared to give? E.g. 6 months, 12 months etc. (circle)

Other relevant information (medical/ health concerns/allergies).....

I agree to abide by the Policies & Procedures/Confidentiality of Pomona & District Community House Inc. and to attend required training as scheduled.

Membership is free for volunteers.

Volunteers Sign: Date

Coordinators Sign: Date