



VOLUNTEER FORM

Thank you for volunteering with the White Ribbon Foundation.

Making **violence against women**
a thing of the past

Please fill out the details below.

PERSONAL INFORMATION	
TITLE	Mr / Mrs / Miss / Ms / Other:
GIVEN NAMES:	
SURNAME:	
ADDRESS:	
	POST CODE:
TELEPHONE NUMBERS:	(Home)
	(Work)
	(Mobile)
EMAIL ADDRESS:	
DATE OF BIRTH:	
EMERGENCY CONTACT	
NAME:	
CONTACT NUMBER:	
ALTERNATE CONTACT NUMBER:	
RELATIONSHIP:	
VOLUNTEERING INFORMATION	
PREVIOUS POSITIONS / EXPERIENCE YOU CAN BRING TO THE WHITE RIBBON FOUNDATION	
WHAT TYPE OF VOLUNTARY WORK WOULD YOU LIKE TO BE INVOLVED IN?	
<input type="checkbox"/> Office Administration	<input type="checkbox"/> Fundraising / Marketing
<input type="checkbox"/> Volunteering on / around White Ribbon Day (25 Nov)	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Program work	
STATE BRIEFLY WHY YOU ARE INTERESTED IN VOLUNTEERING FOR THE WHITE RIBBON FOUNDATION?	

At what times/days/frequency are you available to volunteer?	
<input type="checkbox"/> AM	<input type="checkbox"/> PM Preferred Times ⇌
<input type="checkbox"/> Weekdays Weekends	<input type="checkbox"/> Preferred Days ⇌
What might be your level of commitment/availability?	
<input type="checkbox"/> On Call	<input type="checkbox"/> Weekly
<input type="checkbox"/> Ongoing	<input type="checkbox"/> Up to 16 hours per week
	<input type="checkbox"/> Fortnightly
	<input type="checkbox"/> Monthly
	<input type="checkbox"/> More than 16 hours per week
Do you have your own transport? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prepared to use your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please note that reasonable and documented vehicle usage costs can be reimbursed)</i>	
HOW DID YOU HEAR ABOUT US?	
<input type="checkbox"/> Previous Volunteer Experience	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Newspaper/Brochure/Flyer:	<input type="checkbox"/> Other, please advise
<input type="checkbox"/> Internet search	
OFFICE USE ONLY:	
Date Application Received:	Entered into Database:
ID Number:	

Thank you.