

The Shopfront

**170 Whatley Crescent
Maylands WA 6051**

Registration Form for Volunteers

Please complete and return this form to
the Director at The Shopfront

or post to:
**The Shopfront
170 Whatley Crs
Maylands WA 6051**

As at February 1, 2014

The Shopfront

Registration Form for Volunteers

The information requested on this form will help us to become familiar with you and your interests and will be kept for record purposed only.

Name : _____ **Age :** _____

Address : _____

_____ **Postcode :** _____

Telephone : (A/H) _____ **(OH)** _____

Mobile : _____ **Email :** _____

Hobbies/Special Skills/ Training courses completed:

Have you any special health needs:

Name and emergency contact number:

I would like to offer my services as a volunteer for a period of:
(Please circle)

1 3 6 12 month(s)

Comments : _____

My preferred hours of volunteering are:
(Please circle)

Afternoon

Monday Tuesday Wednesday Thursday Friday

Evening

Monday Tuesday Wednesday

I _____ have read the Volunteer's Code of Practice and Volunteers Guidelines for the Shopfront and understand my rights and responsibilities as a volunteer.

I am aware of the mission of the Shopfront and I would like to offer my services as a volunteer.

Signed : _____ **Dated :** _____