

Bayside Women’s Shelter Volunteer Information

Please fill in the following form and include your Curriculum Vitae with the contact details of 2 current referees to volcoordinator@baysidewomensshelter.org.au.

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| Bayside Women’s Shelter Volunteer Information Form |
| Name | Click or tap here to enter text. |
| Address  | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Please explain your interest in volunteering with Bayside Women’s Shelter  | Click or tap here to enter text. |
| Please describe the skills you can bring | Click or tap here to enter text. |
| Please describe relevant experience | Click or tap here to enter text. |
| Please select the numbers of hours you could commit to per week. Select ad-hoc if you are interested in ad-hoc volunteering events or cannot commit to a dedicated number of hours. | Choose an item. |
| Please select the days you are available (tick all that apply) | [ ]  Monday[ ]  Tuesday[ ]  Wednesday[ ]  Thursday[ ]  Friday[ ]  Saturday[ ]  Sunday |
| Please select your time preference (tick all that apply) | [ ]  Morning[ ]  Afternoon[ ]  Evening[ ]  Weekday[ ]  Weekend |
| Ability to travel Sydney wide? | [ ]  Yes, by public transport[ ]  Yes, by own car[ ]  No |
| Required documents | [ ]  NSW Police Check[ ]  NSW Working with Children Check[ ]  Covid-19 Vaccinated |
| Emergency Contact (Name and Number) | Click or tap here to enter text. |
| Allergies | Click or tap here to enter text. |