



**Family &
Community
Services**

The Commonwealth Home Support Programme provides funding for these services

**Lane Cove, Mosman, North Sydney & Willoughby
Lower North Shore (LNS) CHSP Community Volunteers**

Date:

VOLUNTEER REGISTRATION FORM

***Title: (circle correct title) Mr Mrs Miss Ms Other**

***First Name:**

***Family Name:**

***Male**

***Female**

Address:

Post Code:

***Telephone: (H)**

(M)

Email Address:

***How did you hear about this service? (Please tick)**

Centre link

Council Website

Internet

Street Display

School/College

Corporate

Word of mouth

Other

***Current status: (Please tick)**

***Age group: (Please tick)**

Employed (full-time)

17 & under

Employed (part-time)

18-24 years

Student

25-34 years

Retired

35-49 years

Looking for work

50-64 years

Traveller

65+ years

Self employed

Do you have?

Home duties

Drivers licence

Bus licence

***Your background:**

Do you identify as being Aboriginal/
Torres Strait Islander? Yes No
Country of Birth

Is English your first language?

Yes No
Other languages?

Nationality

If not Australian, are you on
Student visa
Permanent residency visa
Other:

**Do you have any special needs or
medical issues** that you feel should be
considered in relation to your volunteer
work?

Yes No
If yes, please specify

What type of volunteer work are you looking for?

Home visiting (individual)

Gardening/outdoor

Recreational activities

People with disabilities

Meals on wheels

Office/admin duties

Day care support

Linen service

Driving

Shopping for aged/disabled

Other

Suburb/local council area you prefer for voluntary work:

Lane Cove Mosman North Sydney Willoughby Other

Availability (Please tick)

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

Is there a particular time of day (am or pm) that suits you better?

Do you want to volunteer?

Long term (more than 6 months)

Short term (1-4 months)

One-off events

What are you hoping to gain through involvement in voluntary work?

Next Steps:

We will now contact one or two agencies, and with your agreement, pass on the information contained in this form. The agencies will contact you to talk to you further. All CHSP Volunteers are required to undergo a police check.

I give permission for the details from this Registration Form to be passed on to any organisation for which I am interested to volunteer. Yes No

I understand that this information (without my name) may be used for statistical purposes.

Signature*

Date:

* If interview is conducted in person then interviewee to sign. If conducted over the phone then interviewer to sign indicating they have explained the next steps.

After completion of this form please return:

By fax to: (02) 9413 4679

By mail : PO Box 57 Chatswood NSW 2057

By email: Involunteer@willoughby.nsw.gov.au