



Y-Care (South East Qld) Inc.
VOLUNTEER APPLICATION FORM

YMCA SCHOOL'S BREAKFAST CLUB

SCHOOL/S: _____

TITLE: Mr / Mrs / Ms / Miss

NAME: _____ **DATE:** _____

ADDRESS: _____

DATE OF BIRTH: _____

TELEPHONE:

Home: _____

Mobile: _____

E-MAIL: _____

BLUE CARD DETAILS: Yes / No

Card Number: _____

Authority to Check

Exp Date: _____

Date Sent: _____

Application for new card: _____

MEDICAL DETAILS:

Are there any medical conditions that we should know about?

Ie: Allergies, Asthma, Diabeties,Heart conditions, Back problems etc.

If yes, please state what they are.

EMERGENCY CONTACT DETAILS:

Contact Person: _____ **Relationship:** _____

Phone No: _____ **Mobile:** _____

Address (If Different from Above) _____

Do you have a Current First Aid Certificate? Yes / No

CPR/Senior First Aid (3yrs) Organisation: _____

Exp Date: _____

MORNINGS AVAILABLE

Please tick day available

Day	AM
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

On call available

Day	AM
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

How often are you available?

(Please circle available) Weekly Fortnightly
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How did you hear about the YMCA Schools' Breakfast Club?

Reference Check:

Please provide the name and telephone number of at least two people.
(You must have known one of them for at least a year and they cannot be a relative)

Name: _____ **Phone number/s:** _____

Name: _____ **Phone number/s:** _____

Signature of volunteer: _____

Date: _____

Office use only:

Date Started: _____

Induction Date : _____ Sign _____