



VOLUNTEER APPLICATION FORM

Thank you for your expression of interest to volunteer with Hope 103.2. Please fill in the required information and return the form to the relevant coordinator of the event or role. Please take some time to read over this application form before signing.

PERSONAL DETAILS

TITLE _____ FIRST NAME _____ SURNAME _____

ADDRESS _____ SUBURB _____

STATE _____ POSTCODE _____ MOBILE _____

EMAIL _____ DATE OF BIRTH ____ / ____ / ____

Next of Kin (to contact in case of emergency):

FIRST NAME _____ SURNAME _____

RELATIONSHIP _____ PHONE _____

WHAT CHURCH DO YOU ATTEND? _____

HOW LONG HAVE YOU ATTENDED THERE? _____

WHAT IS THE NAME OF YOUR MINISTER? _____

CAN WE SPEAK TO YOUR MINISTER AS A REFERENCE? NO/YES (if yes) Contact _____

Do you have any condition, physical requirements, disability or previous injuries that may affect your capacity to undertake this position? **Please circle YES / NO.**

If **YES**, please specify: _____

EXPERIENCE

PLEASE INDICATE YOUR WORK EXPERIENCE. (Please indicate your work experience including administrative and reception duties, working with the public; either face to face or over the telephone, database, internet, other)



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AVAILABILITY

What is the volunteer role you would like to apply for? _____

Please circle the days and indicate the times you are available

DAY	TIME
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

VOLUNTEER'S STATEMENT **Please read carefully before signing**

(Please respect the fact that Volunteering is at the discretion of Hope 103.2 and reserves the right to decline the applicant.)

1. I understand and agree to the Mission Statement, Vision, Values and Objectives of Hope 103.2 and will do nothing to devalue them while I am working as a volunteer.
2. I will hold as confidential anything information I receive in the course of working with Hope 103.2 including information on listeners, clients and Staff with whom I work.
3. I will carry out my work in a responsible, ethical and sensitive manner.
4. I will advise the Office or my Manager if I cannot attend my appointed time to work or are unable to fulfil my duties.
5. I will discuss my concerns or difficulties I have with my Manager promptly as soon as they arise.

PRINT CLEARLY FULL NAME _____

SIGNATURE _____ **DATE** _____ / _____ / _____

PLEASE SIGN AND RETURN TO: Hope 103.2 Locked Bag 1032, Seven Hills NSW 2147 or Fax: 02 9831 4999 or Email: mail@hope1032.com.au