



Volunteer Application Form

Application Date: _____(DD/MM/YY)

Contact Information

Name:	
Address:	
Telephone (day):	
Telephone (evening):	
Email Address:	

Please provide us with your previous volunteer experiences?

Please provide us with your experience, strength and skills that may support us in our programs ?

Do you have any training, certification, education or experience that may be useful while volunteering with SSN?

Do you speak any other languages? If yes, please list below:



Availability to Volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours in a week are you available to Volunteer?

What is the best time to contact you for an Interview?

Declaration:

Prior to commencing my volunteer services with Social Services Network:

- I must provide a Police Reference Check to the Program Manager at Social Services Network
- I will attend the volunteer orientation
- I will read the terms and conditions of the Operating Policies and Procedures for SSN Volunteers
- I will make a commitment to support SSN with its Mission, Vision and Values

Signature of Applicant

Signature of Program Manager

Signature of Parent/Guardian

*Applicants under the age of 18 must have their parent/guardian's signature**