



CAWI VOLUNTEER APPLICATION FORM

Contact Information

| | | | | | |
|-------------------|---------------------------------|-------------------------------------|----------------|--------------------------------|--|
| Title | | | Surname | | |
| First Name/s | | | Preferred Name | | |
| Street Address | | | | | |
| Suburb | | | | Postcode | |
| Mobile | | | Work/Home | | |
| Email | | | | | |
| Preferred contact | <input type="checkbox"/> Mobile | <input type="checkbox"/> Home Phone | | <input type="checkbox"/> Email | |

Personal Information

| | | |
|--|--|--|
| Date of Birth ___ / ___ / ____ Gender - Male / Female / Other / Don't wish to disclose | | |
| Drivers Licence No | NSW Working with Children Check | Centrelink CRN # _____ |
| # _____ | # _____ | How many hours are you required to fulfil per week for Centrelink? _____ hours |
| Health Conditions / Allergies - | Convicted of any Offence - YES / NO | Tetanus Vaccination - YES / NO |
| Diabetes (Insulin) / Epipen, etc. Health Plan Provided YES / NO Others | Animal Cruelty / Other Offence: Date: | Please note: CAWI will not be liable for any ill health or damages because of non-vaccination |

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CAWI Op Shop • Shop 4-5/19, Booyun Street (PO Box 228) • Brunswick Heads NSW 2483
 Shop Mobile 0447 927600, Shop Manager Mobile 0492 861905
 Shop email: cawiopshop@outlook.com
www.cawi.org.au • cawidogs2483@gmail.com
 CFN 18236 ABN 33429448220

Saving Animals in the Byron Shire

All donations TAX

DEDUCTIBLE



Please Note

To drive the CAWI van volunteers must be ...

- Over 25 years.
- Have a minimum of 2 year's driving experience.
- Must advise any driving offences that could jeopardise CAWI's insurance or increase its excess in the event of an accident.

Skills and Interests

Please outline below the skills and abilities you would bring to CAWI as a volunteer. Include any special skills and qualifications acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that could be applied to assist with CAWI projects. E.g. (social media, retail, management, marketing).

| |
|--|
| |
| |

Please indicate only the areas that interest you.

| | | | |
|---|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Retail Op Shop | <input type="checkbox"/> Sorting Clothes (Shelter) | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Dog Team |
| <input type="checkbox"/> Other (Please list): | | | |

Availability

What days / hours are you available to volunteer?

Currently needing volunteers Wednesday and Friday urgently

| SHIFTS | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday 10am-1pm |
|------------|--------|---------|-----------|----------|--------|-------------------|
| 10am – 1pm | | | | | | |
| 1pm – 4pm | | | | | | |

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Volunteer Experience

Have you previously been involved with CAWI **or** another volunteer group?

| | | |
|-----|----|----------------------|
| Yes | No | Name of organisation |
|-----|----|----------------------|

Emergency Contact/ Next Of Kin

| | | | |
|--------------|--|----------------|--|
| Name | | | |
| Relationship | | Contact Number | |

Volunteer Agreement and Signature

I hereby apply for volunteer work with CAWI. I agree to work in accordance with the position description and the organisation's guidelines. I agree to maintain confidentiality. I understand that CAWI may change or cancel any part of its volunteer program or agreement with volunteers, as it sees fit and therefore may no longer require your services.

| | | |
|-----------|--|------|
| Name | | |
| Signature | | Date |

Our promise

Thank you for completing this application and for your interest in volunteering with us. CAWI values its relationship with you and will keep personal information in confidence.

Please fill out this form and return in person to CAWI Op Shop 4-5 Booyun Street Brunswick Heads 2483, or via email: cawiopshop@outlook.com