



OFFICE SUPPORT VOLUNTEER APPLICATION FORM CONFIDENTIAL

PERSONAL DETAILS

Name in full (Please print): ... DOB ... / ... / ... Mr / Mrs / Ms / Miss M / F Preferred Name: ... Occupation: ... Home Address: ... Postcode: ... Postal Address: ... Postcode: ... Phone (H): ... (W): ... (M): ... Email: (PLEASE PRINT CLEARLY) ...

REFEREES: Before your application can be approved, please give details of at least two people who have agreed to be your referees. Neither should be a family member.

Referree #1

Name: ... Job/Title: ... Address: ... Postcode: ... Relationship To You: ... (H): ... (W): ... (M): ...

Referree #2

Name: ... Job/Title: ... Address: ... Postcode: ... Relationship To You: ... (H): ... (W): ... (M): ...

Referree #3 (Referree from your church – optional)

Name: ... Job/Title: ... Address: ... Postcode: ... Relationship To You: ... (H): ... (W): ... (M): ...

(Please fill out reverse side)

PLEASE TELL US ABOUT YOURSELF

1. Why would you like to volunteer with Breakaway Camps? What are you seeking to achieve through volunteering?

2. Do you have any hobbies or interests?

3. Where have you worked and/or volunteered in the past?

4. Please list any experiences or skills that will assist in your role as a volunteer at Breakaway

7. How did you hear about Breakaway?

8. Are you currently volunteering anywhere else?

I confirm that the information contained in this application is true and correct.
(If applicant is under 18, parent or guardian must also sign.)

Name:..... Name:.....

Signed:..... Signed:.....

Date:...../...../..... Date:...../...../.....