

Day Centre  
Greenwood / Warwick  
Community Care Centre  
Dorchester Ave  
Warwick



Postal Address:  
PO Box 2033  
Warwick  
WA 6024

ABN: 40 772 820 460

Telephone: (08) 9448 8804 Email: [manager@catagroup.org.au](mailto:manager@catagroup.org.au) Fax: (08) 9448 8558

**APPLICATION FOR A VOLUNTEER POSITION.**

Name: ..... Telephone: .....

Address: .....

Date of Birth: .....

Occupation (current or previous): .....

Interests, skills, hobbies: .....

Languages spoken: .....

Do you have your own transport? YES/NO

Have you ever done volunteer work? YES/NO

If yes, please give details: .....

.....

Organisations of which you are now a member: .....

.....

.....

What type of volunteer work would you like to do? (please check below)

General

Kitchen

Driving

Craft

Activities

Board / Committees

How much time can you give? Weekly ..... (hrs) or Monthly ..... (hrs)

Available time/s: .....

To ensure that we fulfil our occupational health and safety responsibilities, we would like to ask if you have any medical conditions of which we should be aware? .....

.....

PTO

*Application for a Volunteer Position (Cont.)*

If you are interested in driving please provide your drivers licence number and classes:

Licence No: ..... Classes: .....

Do you have a Senior First Aid Certificate?            YES/NO

Where did you hear about us? .....  
.....  
.....

Please provide the name and address of two referees:

1: .....	2:.....
.....	.....
.....	.....
.....	.....

I agree to a National Police check being conducted. Please complete accompanying “Application for Volunteer National Police Check” Form. **Note:** Fee will be at CATA’s expense.

(Signed) .....            (Date) .....