



**Volunteer screening** (volunteers must sign the following):

Consent to Police Check - Signed             Yes             No

Prohibited Person Declaration             Yes             No

(For volunteers placed with Children)

Volunteer Agreement - Signed             Yes             No

**Reference checks** Please provide the name, phone number and email address of two referees. It is important that the referees are not relatives and know you in a capacity related to your volunteering interest. (Eg – if you are interested in working with children, list referees that know of your experience with children etc.)

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone        Home        \_\_\_\_\_        Work        \_\_\_\_\_        Mobile        \_\_\_\_\_

E-mail \_\_\_\_\_

Your relationship to referee \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone        Home        \_\_\_\_\_        Work        \_\_\_\_\_        Mobile        \_\_\_\_\_

E-mail \_\_\_\_\_

Your relationship to referee \_\_\_\_\_

Contact person, in event of emergency: Name \_\_\_\_\_

Phone        Home \_\_\_\_\_        Work \_\_\_\_\_        Mobile \_\_\_\_\_

Relationship \_\_\_\_\_

**Any other information?**

Is there any further information you would you like to add that may help us find the right match for you as a Benevolent Society volunteer?

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please make sure you have signed this form before returning. Thank you.**

If the applicant is under 18 years old a parent or guardian must also sign and date the application form below:

**I give consent for my son/daughter/ward to participate in this volunteer activity.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please return to: Manager - Volunteer Programs  
The Benevolent Society  
PO Box 171, Paddington NSW 2021  
Fax: 9360 2319**