



NSW Stoma Ltd Application for Voluntary Work

Personal / contact details:	
Name:	
Address:	
Phone 1:	
Phone 2:	
Email address:	
Preferred method of contact:	
Date of Birth:	
Current occupation / study:	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time
Emergency Contact Details: Name: Relationship to you: Phone Number:	

Referees. Please provide the name and contact details of at least two referees:

Name:

Phone 1:

Phone 2:

Relationship to you:

Name:

Phone 1:

Phone 2:

Relationship to you:

History

Do you currently have or have you previously had a stoma?:

Details (optional):

**Other voluntary work
experience:**

Hobbies / Interests:

Why are you interested in becoming a volunteer for NSW Stoma Ltd?

What skills or attributes could you bring to this position? (eg: financial, administrative, data entry etc):

NSW Stoma Ltd is open for business on Mondays - Thursdays from 7.30 am to 4.00 pm and Friday 7.30am – 2pm. Please indicate your availability* :

**Roster frequency will be negotiated with an association representative upon acceptance as a Volunteer*

Declaration:

By signing this form I attest that the information supplied is true and accurate.

I understand that registration as a volunteer worker for NSW Stoma Ltd is subject to confirmation by the Board or the Association Manager.

Signature:

Name:

Date:

Office Use Only

Date Received:-

Interview Offered:-

Interviewed By:-

Date:-

Position Offered:-
