**VOLUNTEER PERSONAL**

**DETAILS FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | |  | | | | | | | | | | | | | |
| Title: |  | | SURNAME: | | | | | |  | | | | | | | GIVEN NAME: | | | | | | |  | |
| Preferred name: | | | | | | |  | | | | | | | | | | | | | | | | | |
| Residential address: | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
| Mobile phone number: | | | | | | |  | | | | | Alternative number: | | | | | | |  | | | | | |
| Gender: | | | | | | |  | | | | | Date of birth: | | | | | | |  | | | | | |
| Are you an Australian Citizen? | | | | | | | YES  NO | | | | | If no do you hold a temporary visa: | | | | | | | YES  NO | | | | | |
| If no do you hold a permanent visa? | | | | | | | YES  NO | | | | | Expiration of visa: | | | | | | |  | | | | | |
| Language other than English in which you could conduct business: | | | | | | | | | | | |  | | | | | | | | | | | | |
| Do you suffer from any health conditions of which <YOUR ORGANISATION> should be aware of? (eg Diabetes, Haemophilia?)  If yes please specify: | | | | | | | | | | | | | | | | | | | YES  NO | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Emergency Contact Details** | | | | | | | | | | |  | | | | | |  | | | | | | |  |
| Name: | | | | | | |  | | | | | Relationship: | | | | | | | | |  | | | |
| Address: | |  | | | | | | | | | | Best contact number: | | | | | | | | |  | | | |
|  | |  | | | | | | | | | | Alternative phone number: | | | | | | | | |  | | | |
| Second Contact | | | |  | | | | | | | | | Best contact number | | | | | | | | |  | | |
|  | | | | | | |  | | | | |  | | | | | | |  | | | | | |
| **Payment Details for reimbursements** | | | | | | | | | | | Please consider any of my travel reimbursements as a donation | | | | | | | | | | | | | |
| Name of Bank / Building Society/ Credit Union: | | | | | | | |  | | | | | | Branch: | | | | | |  | | | | |
| BSB no: | | | | | | | |  | | | | | | Account number: | | | | | |  | | | | |
| Account name: | | | | | | | |  | | | | | |  | | | | | |  | | | | |
| **Secondary account** | | | | | | Percentage: | | | | | | | | | | | | Fixed amount: | | | | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | | |
| **Volunteer certification** | | | | | | | | | |  | | | | |  | | | |  | | | | | |
| I certify that the information provided herein is true and correct in every detail: | | | | | | | | | | | | | | | | | | | | | | | | |
| Volunteer Signature: | | | | | | |  | | | | | | | | | | | | Date: | | | |  | |