

Bayside Women’s Shelter Volunteer Information

Please fill in the following form and include your Curriculum Vitae with the contact details of 2 current referees to [volcoordinator@baysidewomensshelter.org.au](mailto:volcoordinator@baysidewomensshelter.org.au).

|  |  |
| --- | --- |
| Bayside Women’s Shelter Volunteer Information Form | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Please explain your interest in volunteering with Bayside Women’s Shelter | Click or tap here to enter text. |
| Please describe the skills you can bring | Click or tap here to enter text. |
| Please describe relevant experience | Click or tap here to enter text. |
| Please select the numbers of hours you could commit to per week. Select ad-hoc if you are interested in ad-hoc volunteering events or cannot commit to a dedicated number of hours. | Choose an item. |
| Please select the days you are available (tick all that apply) | Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday |
| Please select your time preference (tick all that apply) | Morning  Afternoon  Evening  Weekday  Weekend |
| Ability to travel Sydney wide? | Yes, by public transport  Yes, by own car  No |
| Required documents | NSW Police Check  NSW Working with Children Check  Covid-19 Vaccinated |
| Emergency Contact (Name and Number) | Click or tap here to enter text. |
| Allergies | Click or tap here to enter text. |