

Availability (please provide specific times under the available days)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What dates are you available (at least six months)? _____

Areas of Interest (please indicate your first and second preferences)

	Administration		Adolescents
	Fundraising and events		Disabilities
	Charity Shop		Seniors
	HIV/Aids		Educational assistance
	Infants and toddlers		Recreational activities
	Other:		

Health Information

	Yes	No
Do you have any medical conditions, such as allergies, seizures, heart disease, emphysema, diabetes, injuries, recent surgery that will be important to know in case of emergency or that might be a hindrance to your work? (If yes, please specify)		
Do you have restrictions such as impaired vision, hearing, breathing or mobility? (If yes, please specify)		
Do you have a history of any mental or emotional condition, such as depression, addiction, hallucinations, psychoses, social disorders, anxiety, eating disorders or developmental disorders? (If yes, please specify)		
Are you currently under medical treatment or under the care of a medical practitioner for any of the above mentioned conditions? (If yes, please provide the practitioner's contact information)		
Do you require any prescription medication on a regular basis? (If yes, please provide the medication name, dosage and any special arrangement that may be required)		
Are you currently on any medication? (If yes, please provide the medication name, dosage and any special arrangement that may be required)		
Are you allergic to any medication? (If yes, please specify)		
Do you have a history of requiring chronic medication? (If yes, please specify)		
Extra details, if necessary:		

In Case of Emergency

Who would you like us to contact in case of emergency?

Surname:	First Name:
Address:	
Telephone:	Cell phone:
Relationship to you:	

References

Due to the nature of our work we require two non family member references.

Surname:	First Name:
Address:	
Telephone:	Cell phone:
Relationship to you:	

Surname:	First Name:
Address:	
Telephone:	Cell phone:
Relationship to you:	

How did you hear about Nazareth House? _____

Volunteer Undertaking

The information I have provided is accurate to the best of my knowledge and belief.

Should I be accepted to volunteer I agree that I will not disclose to any person or organisation any information relating to Nazareth House, its clients, or activity undertaken by Nazareth House without previous consent.

In the event that I suffer an accident whilst working in a voluntary capacity, providing it is not due to negligence of the organisation concerned, I understand and accept that I am responsible for my own medical/surgical expenses.

Signature: _____ Date: _____