

GLEBE YOUTH SERVICE
VOLUNTEER DETAILS FORM

NAME	
DOB/AGE	
PHONE (H)	
PHONE (M)	
EMAIL	
ADDRESS	
CURRENT OCCUPATION or STUDY DETAILS	Employment Position 1: _____ Employer: _____ Position 2: _____ Employer: _____ Study Details Course _____ Institution: _____ Other _____
WHERE DID YOU FIRST HEAR OF GYS	
BRIEFLY STATE YOUR MOTIVATION TO VOLUNTEER AT GYS	

PLEASE LIST - INTERESTS SKILLS – HOBBIES (past, present and future)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

SKILLS – QUALIFICATIONS – LICENCES – EXPERIENCE

1.
2.
3.
4.

AVAILABILITY

	TIMES
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

PLEASE ADD ANY ADDITIONAL COMMENTS YOU WISH

NB: We encourage you attach or submit an electronic copy of your C.V.or Resume if you are happy to do so.

FOR STAFF ONLY

Code of Conduct	
Child Check	
Keys	
Other	