VOLUNTEER APPLICATION

Last Name:

VISION: That the value of peace, multiculturalism and equal rights are actively supported among South Australian communities for generations to come. **MISSION:** To support migrants and South Australian community members from diverse backgrounds in protecting their human rights, advocating for equal opportunity and increasing democratic awareness.

Fair GO South Australia 新藤社

VALUES: - Discover, Empower, Contribute, - Diversity, Community, Peace

First Name:

Email:	Gen	nder: Female	Male	Others
Mobile:	Language Spok	en:		
Address (No PO BOX):				
Emergency Contacts: Name:	Relationship:	\mathcal{N}	1obile:	
Do you have any physical condition that <i>If Yes Describe:</i>			No	
Do you have any medical condition that <i>If Yes Describe:</i>	t may limit your activities	(required): Yes	No	
Fair Go South Australia Volun	teer Application Cri	iteria		
What do you know about Fair Go South	Australia?			
Why do you want to join Fair Go South	Australia? What motivate	es you?		
Are you specialised in any area? Do you	have volunteering exper	ience before?		
What are your strengths and weaknesse	es?			
How would you like to add values to Fai	ir Go South Australia?			
Do you have any questions to ask us?				
I hereby that the information provided is tru	ue and correct. I also undersi	tand that any willf	ul dishonest	my render

for refusal of this application or immediate termination of any position held with Fair Go South Australia.

Date:

Signature:

Do You	have a	Car? Yes	No	If you	r answer is yes,	can you tell us what kind of car you have, please	
Sedan	Hatchba	ck SUV	Ute	Van	Other		
Certific	ates						
Do you ha	ave a curro	ent National I ent Working \	With Chil	dren Che	ck Certificate	No ?? Yes No	
Do you ha	ave a curre	ent First Aid (Certificat	e? Yes	No		
Availab	-	d Volunte		_	t Preferer n(Mon-Fri)	Evening(Mon-Fri)	
	W	eekends/	Once a	a week	More than	n once a week	
	Oi	ne time only	As N	eed	Other		
A. Appl	lication						
1				of			
	[Applio	cant's full name	e]		įΑ]	oplicant's residential address]	
	[Applica	nt's date of bir	th]		[A _j	oplicant's telephone number]	
[Applicant 's occupation]				[Applicant's email address]			
Hereby apply to become a volunteer of the above named incorporated association. In the event of my admission as a volunteer, I agree to be bound by the constitution of the association as amended from time to time. I also understand the acceptance of my volunteer application does not necessarily provide guarantee any nomination for a board member's position in accordance with this constitution.							
	Sig	nature:				Date:	