

EMANUEL SYNAGOGUE VOLUNTEER APPLICATION FORM

		Date:		
Full Name:				
Address:			Postcode:	
Date of Birth:		E-mail address:		
Phone:	Home	Mobile		
Occupation:				
In an emergency please contact:				
Phone:	Home	Mobile		
Do you have a current driver's licence?		Do you have comprehensive third party insurance?		Yes / No
Do you have a car that can be used for volunteer work?				Yes / No
Do you consent to Emanuel Synagogue checking with appropriate authorities such as law enforcement agencies and Services NSW for matters relevant to your background?				Yes / No
Previous volunteer experience (if any) - Schools/Sporting clubs/Community Organisations				
Do you speak any other languages? Please list:				

Please indicate the degree of interest you have for the following activity categories by placing one rating number opposite the interest

1.	No Interest	2.	Some Interest	3.	Considerable Interest
	Meet 'n Greet				Baking/Cooking
	Shabbat Services Assistance				Social Event Assistance
	Social Justice				Other (specify)
	Transport Help				

Times Available:

Mon		Tue		Wed		Th		Fri		Sat		Sun	
Are there any areas that you would prefer to be involved as a volunteer?													
Are there any areas that you prefer not to be involved as a volunteer?													
Do you agree to attend a training course and come for regular supervision after a link has been made?											Yes / No		
Do you suffer from any medical conditions which may affect your ability to carry out volunteer work?											Yes / No		
If yes, please specify:													
I understand and accept the code of confidentiality as a volunteer of Emanuel Synagogue.													
Signature:								Date:					

REFERENCES

Please list the names and addresses of two people who can act as referees for you. The nominated people need to have known you for at least 12 months, to have had recent contact with you and to be able to vouch for your reputation and character. Please do not nominate relatives. All references are strictly confidential. Please let the people you nominate know that we will be calling them to assess your suitability as a volunteer.

1.

Full Name			
Address			
		Postcode	
Phone – home			
Phone – work			
Phone – mobile			
Email address			

2.

Full Name			
Address			
		Postcode	
Phone – home			
Phone – work			
Phone – mobile			
Email address			

APPLICANT RELEASE FORM

Authorisation for release of confidential information for volunteer application.

I acknowledge that it will be necessary for Emanuel Synagogue to investigate my background and check my character references. I consent to this and I hereby authorise any agencies, individuals or other entities such as past or present employers, education institutions, law enforcement agencies, social services, and other such entities with which I have had contact, to release any information requested by Emanuel Synagogue in relation to me becoming involved in an Emanuel Synagogue Volunteer Program.

Signature of Applicant _____ Date _____

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Please scan and send completed form to andrina@emanuel.org.au or mail to
Andrina Grynberg at Emanuel Synagogue, 7 Ocean St, Woollahra NSW 2025