

Queensland Stoma Association Inc
Volunteer Worker Registration of Interest

Personal / contact details:	
Name:	
Address:	
Phone 1:	
Phone 2:	
Email address:	
Preferred method of contact:	
Date of Birth:	
Current occupation / study:	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u>
Emergency Contact Details:	
Name:	
Relationship to you:	
Phone 1:	Phone 2:

Referees. Please provide the name and contact details of at least two referees:
Name:
Phone1:
Phone2:
Relationship to you:

Name:

Phone1:

Phone2:

Relationship to you:

History

Do you currently have or have you previously had a stoma?:

Details (optional):

**Other voluntary work
experience:**

Hobbies / Interests:

Why are you interested in becoming a volunteer for Queensland Stoma Association Inc?

What skills or attributes could you bring to this position? (eg: financial, administrative, data entry etc):

Queensland Stoma Association is open for business on Mondays, Tuesdays, Wednesdays and Thursdays from 8.30 am to 2.30 pm. Please indicate your availability* :

**Roster frequency will be negotiated with an association representative upon acceptance as a Volunteer*

Confidentiality statement:

I understand that all the information provided in this Volunteer Application form is confidential and available only to the Queensland Stoma Association Inc Executive Committee President and relevant staff for the purposes of assessing my suitability as a volunteer worker.

I understand that all Queensland Stoma Association Inc information is highly private and confidential.

In volunteering for Queensland Stoma Associations Inc, I undertake that any information learned as a volunteer will not be disclosed in any way to any persons during my time as a volunteer or any time thereafter.

Declaration:

By signing this form I attest that the information supplied is true and accurate.

I understand that this form is a registration of interest form only and does not automatically qualify me as a volunteer worker for Queensland Stoma Association Inc.

Signature:

Name:

Date:

Office Use Only

Date Received:-

Interview Offered:-

Interviewed By:-

Date:-

Position Offered:-
