

## **Volunteer Application**

## **Contact Information**

Name:				
Address:				
Main Phone Number			Email Address	
Availabilit	ty			
What are your	hours of availabil	ity?		
Monday	From:	To:		
Tuesday	From:	To:		
Wednesday	From:	To:		
Thursday	From:	То:		
Friday	From:	То:		
Skills and quali		acquired through emplo	ment, education, previous volunteer skills or qualifications do you have as a	
Why are y	ou interest	ted in volunteer	ing with ACT?	



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## What are you hoping to gain from this volunteer experience?

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Conditions			
You understand that upon acceptance as Vulnerable Sector check completed within 19 Vaccinations (two doses minimum).			
Condition	I agree	I disagree	
Vulnerable sector check			
Proof of Covid-19 Vaccinations			
	1		
Applicant's name			
Applicant's signature			

Date