



# Focal Extended Inc.

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Patron: Sir Llew Edwards

President: Brian Ward

Donations over \$2.00 are tax deductible

## VOLUNTEER APPLICATION FORM

<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>HOME PHONE:</b>		<b>MOBILE PHONE:</b>	
<b>DRIVERS LICENCE:</b>	No:	Type:	Expiry Date:
<b>EMERGENCY CONTACT DETAILS:</b>	RELATIVE:  TELEPHONE NUMBER:		
<b>CURRENT MEDICAL CONDITIONS:</b>	This information will be kept confidential and only used to assist you in case of an emergency.		
<b>TYPE OF VOLUNTEER WORK:</b>	Please list the ways in which you would like to become involved in Focal.		
<b>REASON FOR VOLUNTEERING:</b>			
<b>QUALIFICATIONS AND SKILLS:</b>	Please list qualifications or skills that you have.		
<b>BLUE CARD:</b> (Volunteer Blue Cards are Free)	Do you have a current Blue Card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>DSQ CRIMINAL HISTORY CHECK</b>	If No, are you willing to apply for one.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Do you have a current Criminal History Check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If No, are you willing to apply for one.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>AVAILABILITY:</b>	Please list days and times available.		

