

CONFIDENTIAL - VOLUNTEER PERSONNEL RECORD

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Mobile: _____

E-mail Address: _____

Next of kin or person to contact in an emergency: _____

Telephone: (Home) _____ (Work) _____

Mobile: _____

Information re health or other matters which may be relevant to ability to undertake work assigned:

Agency Placement commenced: ____/____/____ Completed: ____/____/____

Volunteer Position/s assigned:

Further Comments: