

# HELENSVALE STATE HIGH SCHOOL

## VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Blue/Suitability Card: Yes  Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ No   
 Current First Aid Certificate: Yes  No

**Previous Work History:**  
 (Please attach a CV if possible)

Year:	Year:
Company:	Company:
Role:	Role:
Duties:	Duties:

Which areas would you be interested in volunteering (you may tick more than one box)

- Canteen**
- Uniform Shop**
- Administration**
- Finance**
- Student Services**

**Hours of Availability:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours:					

**Do you have any students currently attending Helensvale SHS:** Yes  No

Student Name:	Year Level:
Student Name:	Year Level:
Student Name:	Year Level:

**Referee:**

Name:
Company:
Contact Details:

<b>Signature:</b>	
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RETURN TO ADMINISTRATION. (\*OFFICE USE ONLY: TO BE FORWARDED TO JO ASHTON)