



Volunteer Information Form

Volunteer details:-		Date:-	
Title		Gender	
First Name		D.O.B	/ / 19
Surname		Country of Birth	
Residential Address			
Suburb		State	Post Code
Phone		Mobile	
Email			
Please indicate if you are volunteering to meet the requirements of:			
<input type="checkbox"/> Centrelink <input type="checkbox"/> Employment Agency <input type="checkbox"/> Study <input type="checkbox"/> Other _____			
Emergency Contact details:-			
Title		Phone	
First Name		Mobile	
Surname		Work	
Email			
Residential Address			
Suburb		State	Post Code
Relationship			
Volunteering:-			
I wish to volunteer for the following positions: (Please place a tick beside the role/s you wish to undertake within the organisation) <input type="checkbox"/> Delivery Driver <input type="checkbox"/> Delivery Assistant <input type="checkbox"/> Management Committee <input type="checkbox"/> Fundraising <input type="checkbox"/> Kitchen Help <input type="checkbox"/> Administration <input type="checkbox"/> Yard/Gardens			
If you have volunteered to be kitchen help, Delivery Driver or Assistant, please indicate the days you would be available to assist: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
Frequency of Volunteering: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Emergency Relief List			
Meals can be delivered if you are not home as long as our volunteers have access to a <u>working fridge</u> in which to place your meal.			



Volunteer Information Form

Clients Dietary Needs:-	
Food Allergies and Dietary Needs:	
<input type="checkbox"/> Allergic to _____ <input type="checkbox"/> Allergic to _____	
<input type="checkbox"/> No _____ <input type="checkbox"/> No _____	
<input type="checkbox"/> No _____ <input type="checkbox"/> No _____	
Other Dietary: _____	
No Dietaries: <input type="checkbox"/> Please initial: _____	
Deliveries to commence:-	
Payment arrangement:-	
\$ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Come into Office	
Client wishes to pay \$ <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Invoice Monthly	
Invoice Details:-	
<input type="checkbox"/> Invoice to Client <input type="checkbox"/> Invoice to Other <input type="checkbox"/> Invoice Email	
Business Name	
Title	Phone/Mobile
First Name	Surname
Email	
Postal Address	
Suburb	State Post Code
Consent to Share information:-	
In accordance with the Privacy Act and policies of Meals on Wheels we are seeking your consent to release information for specific purposes, all information will remain confidential unless required to be disclosed. The departments within Queensland Government and Commonwealth Government which partly subsidise our Meals on Wheels service are required to collect some client details for reporting purposes. This will improve their system of allocating funding into Community Groups.	



Volunteer Information Form

Do you consent to Meals On Wheels disclosing your personal information to Government Department for reporting purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent to Meals On Wheels disclosing your personal information to Government Departments for survey purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DISCLAIMER – RECEIVING OF DONATED GOODS

Bundaberg & District Meals On Wheels Inc. supplies some of our clients with fresh seasonal produce donated by our local farms and bread or rolls donated by Woolworths. These are generous donations received and supplied to you, our clients as an additional service. Due to insurance purposes, to continue to receive these donated goods, not produced by Bundaberg Meals On Wheels, you the client, will need to sign and return this disclaimer.

Signing this disclaimer you agree to receive these donated goods at your own risk and that Bundaberg & District Meals On Wheels Inc. takes no responsibility for any issues arising from the receiving, storing or consumption of these goods.

Signature

Name

Date



Meals on Wheels
Bundaberg

Volunteer Information Form