



**Name:**

**Date of Birth:**

Male

Female

Other

**Address/Post Code:**

**Contact phone number/s:**

*Home:*

*Mobile:*

**Email address:**

**Emergency contact:**

*Name:*

*Phone number:*

*Relationship to you:*

**Are you a member of Down Syndrome NSW?**

**If no, would you like to become a member of Down Syndrome NSW?**

**Which role are you applying for?**

**Availabilities:**

**Reasons for becoming a volunteer:**

**You need a Police Check to volunteer with DSNSW. Please attach a copy with this application form.**

**You need a Working with Children Check to volunteer with NSW. Please provide your WWC Check ID number.**

**Please attach a copy of a valid form of photo identification: E.g. Driver's licence, Proof of Age Card, Passport.**

***If you need assistance in obtaining the above checks please contact DSNSW for support.***

**Do you have a current First Aid Certificate?**

**If no, are you willing to obtain one?**

**Do you have any special skills that you think may contribute to group activities?**

**Referee Details:**

**Name:**

**Contact number:**

**How does this person know you?**