



Once complete, please email the form to admin@dsansw.org.au
If you have any questions please contact us via email or (02) 9841 4444

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?