

Volunteer Application

Name:						
Organisation: (if applicable):						
Address:	Postcode:					
Phone Home:	Mobile:					
Email:						
What is your preferred method of contact? ☐ Home	□ Mobile □ Email					
Are you: □ Male □ Femal	Date of Birth:					
What work are you interested in volunteering for with	Fight Parkinson's?					
□ A Walk in the Park	☐ General Administration					
□ Reception Duties	□ Data Entry					
□ Putting together Info Kits	□ Mail Outs					
□ Other – please describe:						
Which days and times are most suitable for you?						
□ Monday Time □	Friday Time					
□ Tuesday Time □	Saturday Time					
□ Wednesday Time □	Sunday Time					
□ Thursday Time □	Other: Project Based					
Please list prior experience or skills which may be relevant to volunteering with Fight Parkinson's:						
Have you volunteered with Fight Parkinson's in the past? If so, when and in which capacity?						

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and reference that I to volve indirection of the I grand with I	nt full permission for the Fight Parkinson's, and s				events in the future or in relation	
and in that I to volindire	or connected with me vo		:	use photographs, film or	video footage of me participatir	na in volunteerina
I und	nson's at my own risk mentally for this activity should immediately se lunteer in an activity, I ectly with the conduct of	and I am respond. If I have any hek and act upon release Fight P the event, from a	nsible for nealth iss appropri arkinson' and again	ensuring I am adequat ues or concerns prior to late medical advice. In c s and all persons, orga	owledge and agree that I voludely and appropriately prepared or during this activity, I under consideration of Fight Parkinson nisations or corporations asso jury, loss or damage I may suffer	d, both physically rstand and agree n's permitting me ciated directly o
may suppl	be disclosed to any p	arty with legal a	and prop	er interest, and that I i	rovided voluntarily. I understan release Fight Parkinson's from vided to other organisations fo	n any liability fo
involv	vement and that I will be	contacted with mo	ore inform	nation about a specific act	•	
Plea	se add any furthe	r comments y	ou mig	ght have:		
Ema	iil:					
Phone Home:					Mobile:	
Address:				Postcode:		
Nam					Relationship:	
Eme	ergency contact de	etails:				
Do you have any First Aid qualifications? If yes, please list details and expiry date.					□Yes	□No
Do you have a National Police Check?					□Yes	□No
Do you have a current Working with Children Card?					□Yes	□No
Do y	ou have a current	Drivers Lice	nce?		□Yes	□No
		uescribe	,. 			
Do y □	ou have any heal No □	th or medical Yes – pl describe	ease	ons which may imp	pact your capacity to vol	unteer?
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	I have Parkinso Other – please			•	my time to a worthwhile	
		n'c		I have a family m	nember with Parkinson's	

Please return this form to: Fight Parkinson's. Thank you!