



Personal / contact details:	
Date	/ /
Name	
Address	
Phone 1	Cell: _____ Hm: _____
Email address	
Preferred method of contact	
Current occupation / study	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u>  <input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u>
<b>Emergency Contact Details:</b>  Name:  Relationship to you:  Phone 1: _____ Phone 2: _____	

**Referees. Please provide the name and contact details of at least two referees:**

Name: Company:

Phone1: Phone2:

Relationship to you:

Name: Company:

Phone1: Phone2:

Relationship to you:

Name: Company:

Phone1: Phone2:

Relationship to you:

<b>Please indicate the area you would like to volunteer.</b>	<ul style="list-style-type: none"><li><input type="radio"/> <i>Advocacy</i></li><li><input type="radio"/> <i>Companionship</i></li><li><input type="radio"/> <i>Marketing</i></li><li><input type="radio"/> <i>Accounting</i></li><li><input type="radio"/> <i>Fundraising/Events</i></li><li><input type="radio"/> <i>Medical Consultant specializing in senior and palliative issues.</i></li></ul>
<b>Please list volunteer experiences.</b>	
<b>Hobbies / Interests</b>	
<b>Why are you interested in becoming a Simply Compassion Advocacy Society Volunteer?</b>	
<b>Please indicate your availability.</b>	
<b>Where did you hear about this program?</b>	

<b>Highest education qualification achieved?</b>	<ul style="list-style-type: none"><li><input type="radio"/> High School</li><li><input type="radio"/> College</li><li><input type="radio"/> University</li><li><input type="radio"/> Other (describe)</li></ul>
--	---

By signing this form, I attest that the information supplied is true and accurate.

I understand that submitting this application form does not automatically register me a volunteer but that there is a selection process including completion of screening, police check, and participation in training. I confirm that I am willing to volunteer for at least a one-year period and to attend Simply Compassion Advocacy Society's required training

**Signature:**

**Name:**

**Date:**

*Simply Compassion Advocacy Society is committed to the safety and wellbeing of all who access our service. We support the rights of our clients and ensure that a safe environment for our volunteers and clients is always maintained. We also support the rights and wellbeing of our clients, and volunteers and welcome and encourage active participation in building and maintaining a secure environment for all participants.*