**The Boab Network- Application Form**

**Personal Details**

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| --- | --- |
| Full name: |  |
| Preferred name: |  |
| Gender: |  |
| Date of birth: |  |
| Occupation: |  |
| Mobile Number: |  |
| Best time to contact: |  |
| Address: |  |
| Email: |  |

**Emergency contact**

|  |  |
| --- | --- |
| Emergency contact name: |  |
| Relationship: |  |
| Mobile Number: |  |
| Address: |  |
| Email: |  |

**Licences and checks**

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| Do you have a valid Australian manual driver’s license?                                 Yes  /  No |
| Do you have a non-provisional Australian manual driver’s license?         Yes  /  No |
| Do you have off-road four-wheel-drive experience?                                        Yes  /  No  |
| Do you have a non-provisional Australian manual bus driver’s license?      Yes  /  No |
| Do you have a Working With Children Check? *If yes, please type the issue number and attach a copy to application.*  Yes  /  No |
| What is your availability as a volunteer with the Boab Network? |

**Health and wellbeing**

Information gained on this form is read only by the relevant Program Coordinator and medical staff in case of an emergency. Its aim is to prevent as best as possible any harm from occurring, however we not able to guarantee this, and ultimately your health is your responsibility.

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| Do you have any medical conditions that we should know about (physical or mental health)? Yes  /  No*If yes,* please explain: |
| Do you have any dietary restrictions or requirements?                                                       Yes  /  No*If yes,* please explain: |
| What else should we be aware of? |

**Getting to know you**

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| --- |
| What makes you want to be involved in the Boab Network? |
| What experience do you have with children? |
| How do you hope to benefit from being involved in this program? |
| Please outline your previous community involvement. |
| **For camps:** Please describe your camping experience. |