



THE DAVID ROCHE FOUNDATION
ADELAIDE
241 Melbourne Street, North Adelaide, South Australia 5006

Volunteer Guide Application Form

First Name.....Last Name.....

Date of Birth.....

Street Address.....

Suburb.....State.....Post Code.....

Home Phone.....Mobile.....

E-mail Address.....

Emergency Contact Details

First Name.....Last Name.....

Relationship.....Phone.....

Address.....
(if different from above)

Preferred Day/s for Volunteering *(please circle the tour time):*

Tues (10am) (12pm) (2pm) | **Wed** (10am) (12pm) (2pm) | **Thurs** (10am) (12pm) (2pm)
Fri (10am) (12pm) (2pm) | **Sat** (10am) (12pm) (2pm)

*Each tour should take approximately 1 hour 15 minutes

Fitness for the Role

Do you have any temporary or permanent physical or medical restriction, suffer from ailment, disability or take regular medication which might affect your ability to carry out the function/s of the role you have applied for?

Yes | No ***(Please circle)*** If yes, please give details.....

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Why would you like to be a Volunteer at The David Roche Foundation?

Have you had previous volunteering experience? *If yes, please tell us about your experience*

Please provide the name and contact details of two people who are willing to act as referees for you and who have known you either personally or professionally for at least 12 months

Referee 1:

Name:

Phone Number:

E-mail address:

Referee 2:

Name:

Phone Number:

E-mail address:

Terms and Conditions

I understand and agree that submitting this application form does not automatically make me a Volunteer Guide at The David Roche Foundation. I agree to the screening process which includes an interview and reference check to ascertain suitability to the role. I understand that I must undergo training, including the acceptance of volunteer policies and procedures before I may begin volunteering.

I understand that volunteering with The David Roche Foundation requires me to provide evidence of, or undergo a National Police Check.

I understand that volunteering with The David Roche Foundation requires me to be fully vaccinated against COVID-19.

Please be assured that all details you provide will be held confidentially by the museum.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

Print Name _____ Signature _____ Date _____