



## **Advocacy Partners Program**

S3 L1, 408 King Street Newcastle West NSW 2302

Phone: 02 4927 0111 Fax: 02 4927 0114 Mobile: 0411 209 302

Email: [dash@dash.org.au](mailto:dash@dash.org.au) Web: [www.dash.org.au](http://www.dash.org.au) ABN: 72 565 083 299

*(Disability Advocacy Service Hunter (DASH) Inc)*

### **Volunteer Application Form** ***Advocacy Partners***

Thank you for applying to be a volunteer with the Advocacy Partners Program which is part of the Disability Advocacy Service Hunter (DASH) Inc. The information you provide here is confidential. If you become a volunteer for our service you will be working with people who are very vulnerable because of their disability. Given this it is important for us to check the credentials of all people who volunteer for us. Also the information you provide will help us to match you in your work as a volunteer to the right person. Please answer all relevant questions and add any extra information you think will be helpful, and then return it to the above address.

Date:

Full Name:

Date of Birth

Address:

Telephone:

Work:

Home:

Mobile:

Email:

Where did you first hear about Advocacy Partners?

Tell us about your educational background:

Tell us about any work experience you may have:

Tell us a little about yourself eg what are your interests, hobbies etc

Do you know anybody with a disability? Or have you assisted people with a disability before?

What do you hope to get out of volunteering with us?

**Please list the name of 2 referees** (referees must be people who know you well and can be contacted easily by phone, Please ensure that two referees are **not** a member of your family)

Name:

Phone Number:

Name:

Phone Number:

Name:

Phone Number:

***Our Program is sometimes required to make a Police check on volunteers. Would you consent to a Police check?***

Please post, fax, email or drop this form back to us.