



VOLUNTEER APPLICATION FORM

	Title	First Name	Last Name
Your Name:			
Postal Address:			
Town:		Postcode:	
E-mail Address:			D.O.B.: (Optional)
Home No:	()	Mobile No:	Work No: ()

Preferred Method of Contact

E-mail

Post

Declaration:

I agree to complete a 'Prohibited Employment Declaration' and to abide by the aims of SCARF (below).

Signed: _____ Date: _____

The AIMS of SCARF are to:

1. provide assistance and/or referral for refugee entrants
2. promote awareness of issues affecting refugee entrants
3. undertake activities and projects that will enhance education and employment opportunities for refugee entrants
4. build a strong and credible Association together with and on behalf of refugee entrants
5. reflect and respect the diversity of culture and ethnicity within the Association.

WAYS YOU CAN HELP - Please indicate your area of interest:

Mentoring a family or individual - This requires a commitment of 6-12 months, with weekly phone calls and regular visitation PLUS being available to assist the individual/family in their re-settlement process. Some training will be provided.

Tutoring or assisting with homework for High School students (at Wollongong City Library) - This requires a regular commitment of 1.5-2.0 hrs one afternoon per week

Tutoring or assisting with homework for Primary School students in their home - This requires a regular commitment of 1.0 -1.5 hrs one afternoon per week

Driving refugees to and from appointments (regularly or one-off) - This requires a willingness to provide transport as needed. You can nominate day/time you would be available "on call".

Providing "secretarial assistance" to families or individuals (regularly or one-off)

Providing Driving Supervision for L plate drivers - This requires a willingness to provide 60-90 minutes driving supervision, usually in L plate drivers own vehicle OR perhaps in a vehicle provided by SCARF. Guidelines for this project provided on request.

VOLUNTEER APPLICATION FORM (Cont.)

Please nominate any other ways you think you could help:

Do you have a preference to assist refugees from a particular country or region

eg Central Europe/Africa etc

If so please nominate the country or region: _____

Do you prefer to assist a particular age group?

If so please nominate your preference: _____

Do you speak other languages?

If so please state other languages: _____

I understand I do not need to be a member of SCARF to undertake volunteer activities.

However I wish to join, please send an application form to the address on Page 1.

I do not wish to be a member at this time, but I would like to make a donation to the SCARF:

\$ _____

SCARF Inc is a registered charity & donations over \$2 are tax deductible.

Payment Method

Cash

Cheque

Direct Deposit - Illawarra Credit Union Ltd, BSB 802 249 Acc No: 26112697

Please post to:

SCARF Inc

PO Box 312

CORRIMAL NSW 2518

SCARF use

Received: _____

Receipt No: _____

MYOB: _____

Data Base: _____