

Volunteer Form



Name of Volunteer

Title: _____ Christian Name: _____ Surname: _____

Dates for Volunteering

Day/s: _____ Dates: _____

Times: _____ Frequency: _____

Further details: _____

Relationship of Volunteer to the College

What form/capacity of work will the Volunteer be undertaking at the College?

Outline the department or departments the Volunteer will be working for, including the physical location of where they will be working while on campus

Describe the setting the Volunteer will be working in – for instance is it a visible area; inside or outside a classroom, in a large or small group, or one on one

Space for further information

Name of staff member lodging Form _____

Please email this form to Rhonda Bryant to register all Volunteers.