SOUL CAFE VOLUNTEER APPLICATION FORM



Soul Café was established in August 2003 to serve hot meals free of charge to the highly disadvantaged of the Newcastle region, many of whom are homeless, have mental illness, substance abuse issues or live in poverty.

Please complete this form and return to Soul@soulcafe.org.au or PO Box 686, Newcastle 2300

FULL NAME	Click or tap here to enter text.							
ADDRESS	Click or tap here to enter text.							
PHONE	Home No.	Click or tap here to enter text.	Mobile No.:	Click or tap here to enter text.				
DRIVERS LICENCE/ PROOF OF AGE			Please attach a copy of your drivers licence / proof of age card with your application.	vers licence / age card with				
EMAIL ADDRESS	Click or tap here to enter text.							
OCCUPATION / EMPLOYER								
DATE OF BIRTH								
EMERGENCY CONTACT	Name: Click or t	ap here to enter text.	Contact No.:	Click or tap here to enter text.				
	Relationship to Emergency Contact: Click or tap here to enter text.							
VOLUNTEER	FOOD PREPARATION SERVICE							
PREFERENCE	Breakfast shift: 7:00am to 9:00am Newcastle – Weekly Mon							
Indicate which type of volunteer role, shift and day you would like to volunteer for.								
	Lunch Shift (weekly): 9:00am to 2:30pm							
	Monday \Box	Tuesday	Wednesday 🔲	Thursday 🔲				
	Sunday Lunch sl	shift (4 week rotating shift): 10:30am to 1:00pm Sunday						
	FLOOR TEAM / STREET TEAM This to see the few states and believe to be few to see the few to be few to see the							
	This team chats with guests and helps them to link to Soul Services. Tick if you would like more info about team.							
	Tuesday 12:00 − 3:00pm □							
	Wednesday 12:00 − 3:00pm □							
	Friday 9am - 11am □							
	RECEPTION / ADMINISTRATION							
	Daily shifts: $10:00am - 2:00pm$ (Mon $-$ Thurs) \square I would like more info on this.							

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DO YOU HAVE A FIRST	No Yes If 'Yes', please provide copy and due date.						
AID CERTIFICATE?	Click or tap here to enter text.						
HOW DID YOU HEAR ABOUT SOUL CAFÉ?	Click or tap here to enter text.						
WHY DO YOU WANT TO VOLUNTEER?	Click or tap here to enter text.						
PREVIOUS VOLUNTEER WORK	No Yes If 'Yes', please give brief details: Click or tap here to enter text.						
WWCC	Do you have a Working with Children Check number? If yes, please provide your WWCC number:	Yes 🗆 NO 🗆					
EXISTING MEDICAL/MENTAL CONDITIONS	Please list any medical/mental health conditions, or any medication you take that may affect your ability to undertake voluntary work: Click or tap here to enter text.						
have you ever been convicted of any sexual criminal offence?				No			
PLEASE ADD ME TO THE SOUL CAF	É ENEWS LIST	Yes		No			
VOLUNTEER CODE OF CON	DUCT:						
 ✓ I agree that it is my responsibility to be reliable and punctual. ✓ I agree I will do my best to give at least 48 hours' notice if I am unable to attend my shift. ✓ I agree that I will not be under the influence of any alcohol or drugs whilst volunteering. ✓ I understand that all personal information that I learn whilst volunteering for Soul Café will remain confidential. ✓ I agree to uphold the policies and procedures of Soul Café. ✓ I agree that, unless I have been specifically authorised, I may not speak on behalf of Soul to media ✓ I will not act, or be seen to be acting, in conflict with the best interests of Soul Café. ✓ I will use my best endeavors to promote and enhance the interests and reputation of Soul Café. ✓ I authorise Soul Café to use my name and/or photographs of myself taken whilst undertaking volunteer activities for Soul Café for promotion purposes. 							
Volunteer Signature: Clic	k or tap here to enter text.	ate:	_	enter a			