



**ST LUKE'S CENTRE INCORPORATED
VOLUNTEER FORM**

Venue: Sydenham Bowling Club 230 Brougham Street Christchurch
Phone: 03 366 9159

VOLUNTEER INFORMATION			
Name	Student Yes / No		
Address	Gender		
	Date of Birth		
Phone			
Cell Phone	Email		
REFEREE INFORMATION – Please provide two referees			
Referee 1 Name	Referee 2 - Name		
Address	Address		
Phone/s	Phone/s		
Email	Email		
AVAILABILITY – All sessions are 12:00 noon – 3:00 pm			
Mon	Tue	Wed	Thu
Preference			
Mon	Tue	Wed	Thu
RELEVANT INFORMATION			
First Aid training	Yes / No	Please State:	
Skills to share			
Health conditions to be aware of			
Any other relevant information			
How did you hear about St Luke's Centre?			
VOLUNTEER'S CONSENT			
I CONSENT to be a volunteer at St Luke's Centre Incorporated and for the Intake Co-ordinator to conduct a NZ Police check.			
Signed by Volunteer		Date	
<i>Please return to St Luke's Centre via the following options:</i>			
- Hand in to Session Coordinators			
- Email to Erica Nisbett		e.nisbett@comcare.org.nz	
- Post to Erica Nisbett (Intake Coordinator)		Comcare Trust, P O Box 22004, Christchurch 8140	
For Office Use only: Date Received		By Whom	
Referees contacted		Start Date	
Introduction to Co-ordinator		Leave Date	
Information pack provided		Exit Interview	
Police check sent		Acknowledgement sent	
Police check cleared			