



# ST LUKE'S CENTRE INCORPORATED

## VOLUNTEER FORM

Venue: Christchurch Bowling Club, 237 Worcester Street, Christchurch Central  
Phone: 03 379 5218

<b>VOLUNTEER INFORMATION</b>			
Name	Student Yes / No		
Address	Gender		
	Date of Birth		
Phone			
Cell Phone	Email		
<b>REFEREE INFORMATION – Please provide two referees</b>			
Referee 1 - Name	Referee 2 - Name		
Address	Address		
Phone/s	Phone/s		
Email	Email		
<b>AVAILABILITY – All sessions are 12.00 noon – 3.00 pm</b>			
Mon	Tues	Wed	Thurs
<b>Preference</b>			
Mon	Tues	Wed	Thurs
<b>RELEVANT INFORMATION</b>			
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?			
<b>VOLUNTEER'S CONSENT</b>			
<p><b>I CONSENT</b> to be a volunteer at <b>St Luke's Centre Incorporated</b> and for the Intake Co-ordinator to conduct a NZ Police check.</p> <p>Signed by Volunteer _____ Date _____</p>			
Please return to St Luke's Centre via the following options:			
- Hand in to Session Co-ordinators			
- Email to Noel McMecking (Intake Co-ordinator)		n.mcmecking@comcare.org.nz	
- Post to Noel McMecking (Intake Co-ordinator)		Comcare Trust, P O Box 22004, Christchurch 8140	
<b>For Office Use only:</b> 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			

