

# Volunteer Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Are you aged 18 or over? ..... Yes  No

Are you a previous client of SPP?..... Yes  No

└ If yes - how long since you completed your most recent program at SPP?

\_\_\_\_\_

Are you willing to obtain a police check?..... Yes  No

Do you have any experience with the 12 step programs? ..... Yes  No

Have you volunteered before?..... Yes  No

└ If yes, for which organisation, and what position did you hold?

\_\_\_\_\_

What days and hours are you available to Volunteer at SPP?

\_\_\_\_\_

How did you find out about Volunteering at SPP?

\_\_\_\_\_

What are your key motivations for doing this volunteer work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



SOUTH PACIFIC PRIVATE  
Australia's Leading Treatment Centre