

# Capernwray Australia – Volunteer Application Form

**Checklist** – your application will need to include the following things:

- A completed application form.
- A passport photograph of your head and shoulders

**Volunteer Intake** – Approximate dates are fine

Intake:  January 20\_\_  July 20\_\_

Domestic team  Property team

**Personal Details**

Last Name (as per your passport) .....

First Name (s).....

Known as..... DOB ...../...../..... Male  Female   
DD MM YYYY

Address: .....

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City ..... Postal / Zip Code .....

Country ..... Email Address .....

Telephone..... Mobile/Cell .....

Nationality ..... Passport Number .....

Occupation..... Highest Level of Education Completed.....

If English is not your first language, are you able to comprehend English well and converse freely? Please give details.

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**Parents / Next of Kin** – (To contact in case of emergency)

Name ..... Telephone .....

Address..... Postal / Zip Code.....

Email Address..... Relationship to applicant.....

**Passport size photo**

Please affix or enclose one passport size photograph with each application

**(Head & Shoulders only)**

(54mm x 45mm)

# Capernwray Australia – Volunteer Application Form Cont.

## **Relationships**

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Which of the following applies to you?

Single  Engaged  Married  Widowed  Divorced  Single Parent

If married, name of spouse.....

Do you have a friend or relative applying? If so please give their name.....

## **Referees – Give the names and address of TWO referees (not members of your immediate family)**

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Minister, Pastor, Employer etc.

1) Name..... Telephone.....

Address..... Postal / Zip Code.....

Email.....

Relationship to applicant.....

Friend or an associate that knows you well

2) Name..... Telephone.....

Address..... Postal / Zip Code.....

Email.....

Relationship to applicant.....

## **Talents, Hobbies & Work Experience**

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Outline previous work experience: *(Employer, length employed, position)*

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Have you have previous experience in another Capernwray Centre? .....

Do you have any specific abilities or experiences that could be used to support the running of the School, eg.  
Carpentry maintenance, domestics, audio/visual, etc?

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## **Christian Experience**

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Give a brief account of your experience of the Lord Jesus Christ.

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How has the Lord been working in your life recently and how would you describe your relationship with Him today?

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Give the name and address of the Church you attend.....

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Minister's Name & Address.....

..... Denomination.....

In what Christian service have you been engaged? .....

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## **Medical – (IMPORTANT – Please fill in accurately)**

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If you answer 'yes' to any of the following questions, please give details below or on a separate sheet as necessary. You may be required to provide a doctor's report.

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|--|-----------------|
|  | (Please Circle) |
| 1. Do you suffer from a disability which might limit you when do practical activities? | Yes / No        |
| 2. Have you had a nervous or mental illness at any time?                               | Yes / No        |
| 3. Have you suffered from, and had treatment for, anorexia or bulimia?                 | Yes / No        |
| 4. Do you have diabetes, epilepsy or blackouts?  | Yes / No        |
| 5. Do you require any regularly prescribed medicine?                                   | Yes / No        |
| 6. Do you require a special diet for medical reasons?                                  | Yes / No        |
| 7. Do you have a vegetarian diet?  | Yes / No        |
| 8. Have you used tobacco, alcohol or narcotics in the last we months?                  | Yes / No        |
| 9. Do you have any allergies including food allergies? (please state medication)       | Yes / No        |

Please give details .....

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Please complete this form in full then return to:

The Registrar, Capernwray Australia, PO Box 210, Moss Vale, NSW, 2577 Australia

Or email [registrar@capernwrayaustralia.org](mailto:registrar@capernwrayaustralia.org)