



Thank you for volunteering with Neighbourhood Watch Ryde. Completing this form will help us identify your skills, knowledge, and experience to enrich your support to the Ryde community and NHW Ryde. Your contribution of time and effort to NHW Ryde is greatly appreciated. Please return this form to [neighbourhoodwatchryde@outlook.com](mailto:neighbourhoodwatchryde@outlook.com) or to your area coordinator. All information collected is strictly private & confidential to NHW Ryde District only.

### **PART 1: YOUR DETAILS**

Title:  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred contact:  Mobile  Phone

Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Shirt Size:  Extra Small  Small  Medium  Large  Extra Large  Other \_\_\_\_\_

Is English your first language?  Yes  No Other Languages: \_\_\_\_\_

Age Group:  Under 18 years  18-30  31-45  46-55  56-65  Over 65 years

### **PART 2: AREAS OF INTEREST**

Distributing NHW leaflets/newsletters  Collating newsletters for distribution

Assisting at an event -  setting up  packing up  stall  BBQ  Operations

Administrative work  Coordinating a distribution area  Fundraising/Looking for sponsors

Public Relations/Media/Marketing  Other \_\_\_\_\_

### **PART 3: SKILLS & EXPERIENCES**

Public Speaking  IT/Computer Skills  Team leader/Coordinator  Team worker

Finance Skills  Good communication skills  Customer Service Skills  Events Organizer

Other skills: \_\_\_\_\_

Other experiences: \_\_\_\_\_

Previous NHW Skills & Experiences?  Yes  No \_\_\_\_\_ Year \_\_\_\_\_

### **PART 4: EMERGENCY CONTACT**

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

Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_

### **PART 5: PHYSICAL WORK & HEALTH**

Are you able to undertake physical work?  Yes  No

Any health issues or restrictions we should be aware of: \_\_\_\_\_

## PART 6: OTHER INFORMATION

Any connections you have that could assist Neighbourhood Watch Ryde to engage with?

Are you a member of a local group that would benefit from synergies with NHW Ryde?

If yes, what is the Group? \_\_\_\_\_

Contact Details: \_\_\_\_\_

Do you know a business/company interest in advertising sponsorship in our NHW newsletter?

If yes, Business/Company Name \_\_\_\_\_

Contact Details: \_\_\_\_\_

What do you think are the 3 things that NHW Ryde should focus on to improve our engagement and role within the community?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

By signing this form, I understand that: *(please tick)*

- I declare the information I have provided in this form is true and correct.
- I give consent to NHW Ryde using my photograph for promotional materials (newsletter).
- I will follow the procedures and policies provided for events at which I volunteer.
- I will abide with NHW Ryde's Volunteer Policy, Code of Conduct and Code of Behaviour.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Membership No. \_\_\_\_\_ Start Date: \_\_\_\_\_

Area Assigned: \_\_\_\_\_ Area Coordinator: \_\_\_\_\_

Given: NHW Welcome Package Date: \_\_\_\_\_

NHW Cap Date: \_\_\_\_\_

NHW Shirt Size: \_\_\_\_\_ Date: \_\_\_\_\_

NHW Badge Name: \_\_\_\_\_ Date: \_\_\_\_\_

NHW Bag Date: \_\_\_\_\_

Discontinued Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Remarks: