



PYJAMA ANGEL APPLICATION FORM

Please fill out this form and bring it with you to your volunteer interview.
To arrange an interview, contact your Regional Co-ordinator or Head Office.

Title: _____ Surname: _____

Given name: _____ Preferred name: _____

Home address: _____

Suburb: _____ State: _____ Postcode: _____

Tel b/h: _____ Tel a/h: _____ Mobile: _____

Email address: _____ Add to e-news? Yes No

Date of birth: _____ Place of birth: _____ Nationality: _____

Education: _____

Languages spoken: _____

Work status: Full-time Part-time Retired Home Student

Company: _____ Position: _____

Does your work offer grants or funding opportunities for charitable organisations? If so, would you be able to liaise with our Fundraising Manager to access opportunities? Yes No

How did you hear about The Pyjama Foundation? _____

Office Use

| | | | | | | | |
|-----------------------------------|--|------------------------------|--|---------------------------------------|--|-----------------------------------|--|
| <i>Interviewed</i> | | <i>Trained</i> | | <i>Pyjama App Form</i> | | <i>Confidentiality Agreement</i> | |
| <i>Child Protect Code Conduct</i> | | <i>Blue Card App Checked</i> | | <i>Blue Card App Photocopied</i> | | <i>Blue Card App Orig posted:</i> | |
| <i>Driver's Licence #</i> | | | | <i>Passport #</i> | | | |
| <i>Senior's Card</i> | | | | <i>18+ Card</i> | | | |
| <i>Blue Card #</i> | | | | <i>Blue Card Exp</i> | | | |
| <i>Suburbs preferred</i> | | | | <i>Days & times pref (visits)</i> | | | |



every child needs an angel

pyjama foundation

Why do you want to be a Pyjama Angel? _____

Interests _____

Do you have a Blue Card? If yes provide details (when did you obtain your Blue Card, why do you have one etc).

Do you currently have contact with children? If yes provide details (e.g. do you have a young children, grandchildren you spend time with or coach a sports team).

Have you or any one you live with been charged/ convicted of a crime? If yes provide details.

Have you ever been reported to the Child Safety Department? If yes provide details.

Have you ever had a domestic violence order made against you? If yes provide details.

Please provide the contact details of two referees – One professional and one personal referee (they need to have known you longer than 2 years and preferably have seen you interacting with children).

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Signature _____ Date _____