



**Adelaide Gaol Preservation Society**  
**Volunteer Registration Form**

Name: \_\_\_\_\_  
(Surname) (Christian Name)

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

Phone Number: \_\_\_\_\_  
(Home) (Mobile) (Work)

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Education \_\_\_\_\_

Are you registered with Volunteering South Australia? Yes/No

How would you like to be involved at the Adelaide Gaol?

Tour Guiding

Shop Attendant

Data Entry

Museum Display

Care of Artefacts

Research

Gardening

Cleaning/Maintenance

Do you have any special skills or interests that you think would be useful while volunteering at the Gaol? Skills could include fluency in a foreign language, research, photography, signwriting, teaching, customer service skills or experience with aged care of disabled persons.

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Do you hold a current First Aid Certificate? Yes/No

Expiry Date: \_\_\_\_\_

Do you have any particular knowledge of the Adelaide Gaol as a prison officer, inmate, professional visitor etc?

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Do you have any appearances before courts pending for any recent offences?  
Yes/No

When are you available to assist at the Adelaide Gaol?

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please give the name, occupation and contact numbers for two character referees below

Referee 1 \_\_\_\_\_

Referee 2 \_\_\_\_\_

I certify that to the best of my knowledge the information I have given on this application form is true and correct.

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