



Form 9A Volunteer application form

Please complete this document and return it before or at your interview with the Volunteer Coordinator or Regional Coordinator.

Name you would like us to call you	
Address/email	
Telephone no.	Facsimile no.

Are you a member of Respect Inc?

- No
- Yes, ordinary member
- Yes, associate member
- Yes, credentialed associate member

What attracted you to Respect Inc?

What sort of experience of sex work have you had? (positive, negative, mixed) and how do you think you could help other sex workers through volunteering at Respect Inc?

Policy and Procedures Manual

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Which of the following areas are you interested in?

- Clerical work/word processing
- Reception/telephone
- Cleaning office and drop-in space
- Data entry
- Data analysis
- Library/resource collection management
- Resource development – research and write fact sheets etc.
- Outreach – street, brothel, phone-outs
- Other (please provide details)

What do you expect/want to gain from volunteering with Respect Inc?

Would you prefer regular volunteer days/times? Yes No

If Yes, What day/s of the week/hours would you prefer?

Day: Monday Tuesday Wednesday Thursday Friday

Time:

Signature: Date:

Approved: Not approved:

Reason:

Signature: Date: