



# F02A – BWNS – Members

## Membership Application Form

*"Do not forget to show hospitality to strangers, for by so doing some people have shown hospitality to angels without knowing it"*  
Hebrews 13:2

This form is intended for individuals applying to become a Member of Bendigo Winter Night Shelter.

### 1. PERSONAL DETAILS

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Home / Work: \_\_\_\_\_  
Gender:  Male  Female DOB: \_\_\_ / \_\_\_ / \_\_\_\_  
Home address: \_\_\_\_\_

### 2. EMERGENCY CONTACT

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

### 3. EXPERIENCE

Do you have previous volunteer experience with BWNS, or experience with other organisations that may be relevant to your application? (please describe)

\_\_\_\_\_  
\_\_\_\_\_

Name of church (if attending): \_\_\_\_\_

Role: (Pastor, Leadership, Ministry, Congregation) \_\_\_\_\_

### 4. REFERENCES

Bendigo Winter Night Shelter requires two written references in support of your application.

Please forward a copy of **F02B – BWNS – Members – Membership Referee Response Form** to your nominated referees for completion.

#### 4.1. REFEREE #1

Referee type:  Minister/Pastor/Leader  BWNS Member/Board  Other

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

Org / Position: \_\_\_\_\_ / \_\_\_\_\_

Relationship to self: (may not be a family member) \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Home / Work: \_\_\_\_\_



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### 4.2. REFEREE #2

Referee type:  Minister/Pastor/Leader  BWNS Member/Board  Other

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

Org / Position: \_\_\_\_\_ / \_\_\_\_\_

Relationship to self: (may not be a family member) \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Home / Work: \_\_\_\_\_

### 5. ACKNOWLEDGEMENT

I wish to be admitted as a member of Bendigo Winter Night Shelter, and acknowledge the following:

- I have read and understand the **BWNS Constitution**
- I have read and understand the **Member Code Of Conduct**
- I have read and understand the core values of the organisation as shown on our website
- I agree with the purpose, processes, principles and practices outlined in the above and will support and implement them to the best of my ability

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

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

### 6. INSTRUCTIONS FOR THIS FORM

This form has been provided as a sign and fill PDF. You may complete this form electronically, or scan a printed and completed copy, email to [secretary@bwns.org.au](mailto:secretary@bwns.org.au)

Hard copies can be posted to:

Secretary,  
Bendigo Winter Night Shelter Inc.  
PO Box 511  
Bendigo VIC 3552

#### Please note the following:

1. A copy of your referee responses will be emailed to the referees provided
2. Written referees must be signed and clearly supplied by the referee.