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## CCC VOLUNTEER APPLICATION FORM

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Date: .....

Name:.....

Address:.....

Male  Female  Intersex:

Phone: (Home) .....(Mobile).....

Email:.....

Age: (please circle)

- 10	10-19	20-29	30-44	45-54	55-64	65-79	80+
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Are you an Australian citizen? Yes  No

If no, what type of visa do you have?.....

Languages spoken at home.....

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Previous Training or Qualifications.....

.....

Skills:.....

Interests:.....

Cultural Interests:.....

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What type of volunteer work are you looking for? *(please tick box/s below)*

- |   |                                    |   |                                    |                                    |
|---|------------------------------------|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> Admin              | <input type="checkbox"/> Childcare | <input type="checkbox"/> EAL              | <input type="checkbox"/> Literacy  | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Netball            | <input type="checkbox"/> Art/Craft | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Soul Cafe |                                    |
| <input type="checkbox"/> Holiday Activities | <input type="checkbox"/> Playgroup | <input type="checkbox"/> Events           |                                    |                                    |

Others (please specify)  
.....

Do you have any other skills or information you would like to add?  
.....  
.....

When are you available to start your volunteer work? .....

What days/times are you available to volunteer each week (please tick):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

What is the maximum/minimum number of days/hours you would like to volunteer each week?

Maximum: Days..... Hours..... Minimum: Days..... Hours.....

**In order to volunteer at CCC you will need to provide copies of the following with this application:**

- A national police check received within the past 6 months
- A current Working with Children Check
- An up-to-date resume

**Person to contact in case of emergency:**

Name:.....

Address:.....

.....  
.....

Phone: (H) .....(BH).....

Relationship to you: .....

Are you currently taking medication of which we should be aware of? If so, please give relevant information.

.....

Do you have any medical condition which could restrict you? If so, please give more information.

.....

Do you have a disability or impairment that needs modifications for you to carry out your volunteer duties?

.....

Referee Name:.....

Phone: (H).....(Mobile ).....

Referee Name:.....

Phone:  
(H).....(Mobile).....  
.....

How did you hear about us?

Local paper       Social Media       Brochure       Friend

Other: .....

Please note that photographic images of volunteers and participants in activities at the centre may be taken by authorised representatives of Cheltenham Community Centre, (CCC) and may be used in any of its advertising, promotional or other material including social media, website, brochures or AGM Annual Report.

**If you do not wish to allow such usage, please tick**

Would you like to receive CCC Newsletters via email? Yes       No

Volunteer Signature:.....

\* \* \* \*

**Office Use Only**

**Volunteer Summary**

Date of Interview:.....Interviewed by.....

Information on Volunteer checked? YES / NO

**Interview**

comments:.....

.....

.....

.....

.....

**Volunteer role preferences:**

1. ....

....

2. ....

....

3. ....

....

**Volunteer Initial Placement:**

1. .... Date: .....

2. .... Date: .....

3. .... Date: .....

**Training Courses:**

1.....

2. ....

3. ....