

Office Use Only:
 Commencement date: _____
 Program: _____
 Police Security Clearance: _____

Photo ID

Volunteer Application Form

1. Personal Details

Name: _____
 Address: _____
 Phone: _____ Mobile: _____ Email: _____
 Date of Birth: _____ Drivers Licence: **Yes** **No**

2. Emergency Contact Details

Name: _____ Relationship: _____
 Address: _____
 Phone: _____ Mobile: _____

3. Health and Fitness

Do you have any health problems that could affect the type of work you do as a volunteer? Yes No
 (Please describe) _____

4. Do you take prescribed medication regularly? Yes No

In case of emergency, please provide details of the medication

Where do you carry the medication? (e.g. handbag, hip pocket, etc.)

5. Work History (Please provide details)

Position	Skills/Responsibilities

6. **Volunteer History** (Please list your previous involvement)

Organisation	Responsibilities

7. **Interests, Hobbies and/or Skills** (Please list)

8. **Meeting Legislative Requirements** (Please tick)

- Are you willing to support and respect the Camden Community Centre's integrity within the Community? **Yes** **No**
- Do you agree to undergo a Police Check? **Yes** **No**
- Do you understand the importance of confidentiality and why it must be observed? **Yes** **No**
- Are you willing to attend specific training as identified to perform your volunteer role? **Yes** **No**

9. **Preferred Days** (Please tick the most suitable days)

	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					

10. **Time Commitment**

How many hours are you prepared to commit to initially? _____

11. **There are many areas that you can choose from to participate as a volunteer**

(Please tick the roles that interest you)

Administration		Day Program Assistant (Aged)		Child Care Assistance		Woodwork Shed	
Kitchen Assistance		Day Program Assistant (Disability)		Special Events		Cleaning jobs	
Maintenance		Fundraising		Computer Tutor		Gardening	
Op Shop Assistance		Bus Driver – 11 seater		Art / Craft Assistance			

12. Centrelink Requirements

Are you required to volunteer as part of your Centrelink Requirements? **Yes** **No**
(If Yes please explain)

13. Referee:

Please nominate a person who can speak on your behalf in relation to your ability and capacity to volunteer *(not a family member)*.

Name: _____ Relationship: _____

Phone: _____ Mobile: _____

Volunteer Signature

Date

Please forward your application to:

**Volunteer Coordinator
Camden Community Centre
7 Carlisle Street
Camden Park SA 5038**

Once your application is received we will contact you to make a suitable time to meet