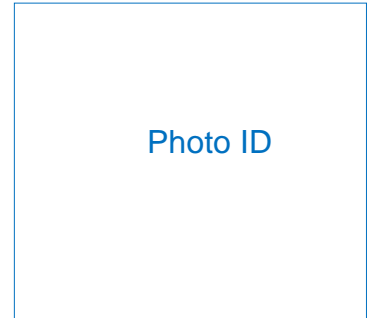


**Office Use Only:**

Interview Date: \_\_\_\_\_  
 Interview Time: \_\_\_\_\_  
 Commencement date: \_\_\_\_\_  
 Program: \_\_\_\_\_  
 Police Check Yes  No

**Volunteer Application Form**



**1. Personal Details**

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

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

Postcode: \_\_\_\_\_

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. Work History (Please provide details)**

Position	Skills/Responsibilities

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

Organisation	Responsibilities

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

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**7. 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**
  - Are you willing to have the annual Flu Vaccination **Yes**  **No**
  - Have you received your 2 Covid-19 Vaccinations **Yes**  **No**  Booster **Yes**  **No**
- Comments \_\_\_\_\_
- 

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

	Monday	Tuesday	Wednesday	Thursday	Friday
am / pm					

**9. Time Commitment**

How many hours are you prepared to commit to initially? \_\_\_\_\_

**10. There are many areas that you can choose from to participate as a volunteer** (Please tick)

Program	Please tick	Program	Please tick	Program	Please tick
Administration	<input type="checkbox"/>	Client Social Program Assistant (Aged)	<input type="checkbox"/>	Cleaning tasks	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	Bus Driver 11 seater van (car licence sufficient)	<input type="checkbox"/>	Gardening	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Men's Shed	<input type="checkbox"/>	Watering gardens	<input type="checkbox"/>
Op Shop	<input type="checkbox"/>	Food Assistance to families in need	<input type="checkbox"/>		<input type="checkbox"/>

**11. Centrelink Requirements**

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

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**12. 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 Program Manager**  
Camden Community Centre  
7 Carlisle Street  
Camden Park. S.A. 5038

Once your application is received we will contact you to make a suitable time for an interview