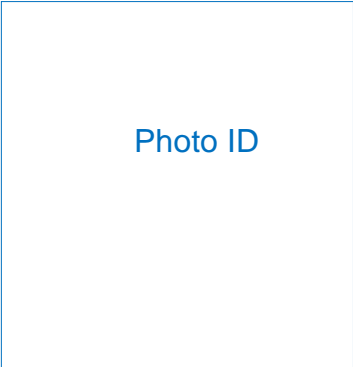


Office Use Only:
 Interview Date: _____
 Interview Time: _____
 Commencement date: _____
 Program: _____
 Police Check Yes No

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. Do you take prescribed medication regularly? Yes No

In case of an 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	<input type="checkbox"/>	Day Program Assistant (Aged)	<input type="checkbox"/>	Child Care Assistance	<input type="checkbox"/>	Woodwork Shop	<input type="checkbox"/>
Kitchen Assistance	<input type="checkbox"/>	Day Program Assistant (Disability)	<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Cleaning jobs	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Computer Tutor	<input type="checkbox"/>	Gardening	<input type="checkbox"/>
Op Shop Assistance	<input type="checkbox"/>	Bus Driver – 11 seater van	<input type="checkbox"/>	Art / Craft Assistance	<input type="checkbox"/>	Baker's Delight Bread Run	<input type="checkbox"/>

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 for an interview