



Women's Community Centre (SA) Inc. Volunteer Application Form

Personal details	
Name	
Address	
Home phone	(08) Mobile
Email	
Date of birth	/ /
Emergency contact name	
Relationship to you	
Phone no.	(08) or mobile

How did you hear about our Centre? _____

What do you hope to gain volunteering? _____

Are you happy for us to be on our emailing list for centre updates and notice of advertised roles? _____

Please tick the volunteer role you would like to apply for

<input type="checkbox"/>	Cleaner	<input type="checkbox"/>	Gardener
<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	Promotion and Marketing
<input type="checkbox"/>	Administrative Assistant	<input type="checkbox"/>	Op Shop Assistant
<input type="checkbox"/>	Course Facilitator	<input type="checkbox"/>	Computer/IT Assistant
<input type="checkbox"/>	Board Member	<input type="checkbox"/>	Maintenance/Repair Assistant
<input type="checkbox"/>	Fundraising Staff	<input type="checkbox"/>	WHS Officer
<input type="checkbox"/>	Event Coordinator	<input type="checkbox"/>	Kitchen Staff
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Work and volunteering history

Current employment status

employed	unemployed	student	retired
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Please detail any experience volunteering for other organisations.

Please briefly outline your employment history.

Please list any qualifications that might be relevant to volunteering eg First aid Certificate, etc.

Please indicate the days and times you are availability to volunteer.

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

Are you willing to undertake training if required?	Yes	No
Do you speak/use other languages?	Yes	No
Do you consent to a Police check?	Yes	No
Do you have a current drivers licence?	Yes	No
Do you have your own means of transport?	Yes	No
Do you identify yourself to be of Indigenous or Torres Strait Islander background?	Yes	No

Medical:

Are there any health issues/disabilities/courses of treatment or restrictions that may prevent you from performing particular types of activities or that we need to be aware to provide appropriate support and assistance if required? _____

Referee details

Reference checks are a standard part of our volunteer selection process. Please provide the name and contact details of 2 people who are not family members and who are willing to act as referees for your chosen voluntary work. We will contact your referees by telephone after your interview should you be successful.

Name	
Relationship	
Phone	(08)
How long have you known this referee?	
Name	
Relationship	
Phone	(08)
How long have you known this referee?	

Thank you for your interest in volunteering at the Women's Community Centre (SA) inc. Please send your completed application form to the Volunteer Coordinator. Once we have received your application form we will contact you to arrange a suitable time to meet to discuss your application through further.

Privacy statement

We take your privacy seriously. The Women's Community Centre (SA) inc. abides by the National Privacy Principles in dealing with members, volunteers, staff, supporters and the public. Information will not be used in a way that you would not reasonably expect, nor disclosed to a third party without your consent. We may contact you with information that may be of interest to you. If you would prefer not to receive information, or to access the personal information we keep, please ask us.

Office use only

Application date		Interview date	
Reference check date		Police check date	
Date approved		Date entered in database	