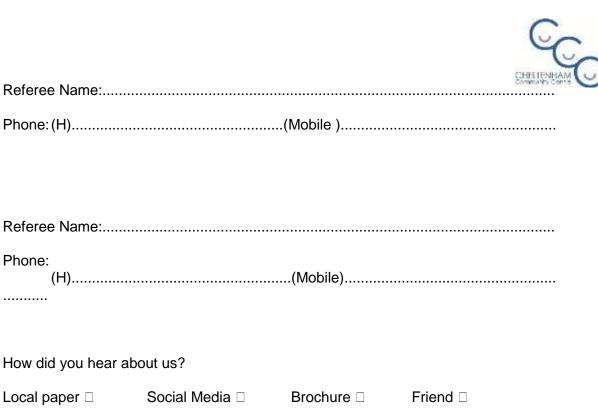


CCC VC	LUNTEER	APPLICA	TION FO	RM			
Date:							
Name:							
Address:						•••••	
Male □	Fema	e 🗆	Intersex:				
Phone: (He	ome)			(Mobi	ile)		
Email:							
Age: (plea	se circle)						
- 10	10-19	20-29	30-44	45-54	55-64	65-79	80+
Are you a	n Australiar	n citizen?	Yes		No		
If no. what	t type of vis	a do vou h	ave?				
		•					
Language	з зрокен а	t nome					
Previous 7	Training or	Qualificatio	ons				
Skills:							
Interests:							
Cultural Interests:							
What type	of volunte	er work are	you lookir	ng for? <i>(p</i>	lease tick l	box/s belov	v)
AdminChildcareEALLiteracyComputers							
× Netball	× Art/	Craft			ervice	•	
× Holiday	Activities		× Pla	aygroup		× Eve	nts
	. , .						
□ Ot	hers (pleas	. • ,					
	•••••	•••••	•••••		•••••		
Do you have any other skills or information you would like to add?							



When are you available to start your volunteer work?						
	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 cor						
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)				
How did you hear a	bout us?					
Local paper □	Social Media	Brochure □	Friend □			
Other:						
activities at the co		by authorised rep C) and may be u	presentatives of			
If you do not wish to allow such usage, please tick $\;\Box$						
Would you like to receive CCC Newsletters via email? Yes □ No □						
Volunteer Signature	:					
	*	* * *				



Office Use Only **Volunteer Summary** Information on Volunteer checked? YES / NO Interview comments: Volunteer role preferences: 1. 2. Volunteer Initial Placement: Date: Date: 3. Date: **Training Courses:** 2..... 3.