

VOLUNTEER APPLICATION FORM

| |
|--|
| Name & Surname: _____ |
| Address: _____ |
| Suburb: _____ Postcode: _____ |
| Ph-Home: _____ Mobile: _____ Work: _____ |
| E-mail: _____ |
| Date of Birth: _____ |
| Country of Birth: _____ |

Languages Spoken (*other than English*):

PLEASE LIST (BRIEFLY) RELEVANT QUALIFICATIONS, SKILLS, AND EXPERIENCE

| | |
|-----------------------|--|
| QUALIFICATIONS | |
| SKILLS | |
| EXPERIENCE | |

VOLUNTEER WORK

| Name of the organisation | Work/Tasks | Dates/Duration |
|--------------------------|------------|----------------|
| | | |
| | | |
| | | |

Are you applying for an advertised position? If yes, which position?

What kind of volunteer work would you like to participate in?

(ie. community development work, working with young or elderly or people with disabilities, administration etc.)

Why would you like to become a volunteer at NRCHC?

(ie. to gain experience, to become work ready etc.)

Are there any issues that we need to take into account?

(ie. health, disability, religious need etc.)

Do you have a current Victorian Drivers licence?

Yes No

Which day/s are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday

For what period would you like to do volunteer work?

3-6 months Until I get experience Until the project is completed
 Until I get a job Ongoing

How did you find out about the volunteer program at NRCHC?

Infoxchange Local Newspaper Worker at NRCHC
 Flyer/Sign NRCHC Newsletter Volunteering Victoria
 Friend Other _____

Are you able to attend a volunteer training/orientation session when it is provided?

Yes No

Please provide at least one referee (personal or professional):

Name: _____ **Organisation:** _____

Relationship to you: _____ **Phone:** _____

Name: _____ **Organisation:** _____

Relationship to you: _____ **Phone:** _____

Emergency contact person:

Name: _____ **Relationship:** _____

Phone: _____

Address: _____

**ALL VOLUNTEERS MUST COMPLETE A POLICE CHECK
WHICH WILL BE PAID FOR BY NRCHC.**

Do you consent to police check? Yes No

You can also attach your resume or a reference letter to this application.

Signed: _____

Date: _____

PLEASE RETURN COMPLETED FORM TO:

Selma Sali

Volunteer Co-ordinator

North Richmond Community Health Centre

23 Lennox Street, Richmond 3121

Ph: 9420 1326 Fax: 9428 2269

Email: selmas@nrchc.com.au

www.nrchc.com.au