

Office Use Only:

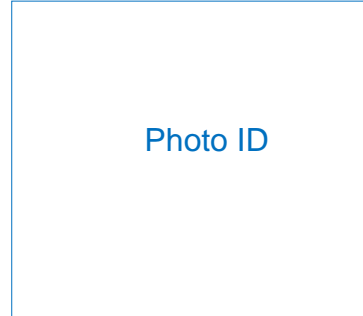
Interview Date: _____

Interview Time: _____

Commencement date: _____

Program: _____

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) _____

5. Work History

Position	Skills/Responsibilities

6. Volunteer History

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 DHS Check? **Yes** **No**
- Do you understand the importance of confidentiality & 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 _____

9. Preferred Days (Please tick the most suitable days)

	Monday	Tuesday	Wednesday	Thursday	Friday

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 (N/A Student Placement)

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

12. Centrelink Requirements (N/A Student Placement)

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

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Volunteer Signature

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Date

Please forward your application to:

Volunteer Coordinator
 Camden Community Centre
 7 Carlisle Street
 Camden Park. S.A. 5038