

VOLUNTEER APPLICATION FORM



Application Date: ___/___/_____

Please complete this form and return to carenet@manninghamcc.org

Applicants Details:

Full Name:			
Date of Birth:		Gender:	
Address:			
Phone Numbers:			
Email:			
Cultural Identity:		Languages spoken:	

Emergency Contact:

Name:		Phone Number:	
What is your relationship to this person?			

Volunteer & Work Experience:

Are you currently in paid employment? Yes No

Have you volunteered before? Yes No

Tell us about your current & previous relevant work experience:

What are your key skills?	What skills would you like to develop?
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Do you have a Working with Children's Check? Yes No

If no, are you willing to get one? Yes No

If yes, WWCC number: _____ Expiry: _____

Are there any medical issues we need to be aware of?
(Please keep in mind some of our roles require long periods of standing, lifting and repetitive movement).

Volunteering Opportunities & Availability:

Please tick the time slots you are available and willing to volunteer with us.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What positions are you interested in? (You are welcome to tick more than one).

- Food Relief program Community cooking program
 The Mobile Pantry Community Driving (deliveries/pick ups)
 Supermarket Food Rescue Grant writing

If interested in Community Driving or Supermarket Food Rescue:

Do you own your own vehicle? Yes No

What make and model is your vehicle? _____

Are you able and willing to pull a trailer? Yes No

Please provide a copy of your driver's licence: Done Date: _____

Please provide a copy of your WWCC: Done Date: _____

Volunteer Authorisation

I authorise my information to be entered into Manningham Christian Centre's volunteer database to be used for volunteering related purposes.

Signature: _____ Date: _____

Would you like to be on CareNet's mailing list? Yes No

Would you like to receive Manningham Christian Centre's newsletter? Yes No