



YARRAVILLE COMMUNITY CENTRE INC VOLUNTEER, STUDENT AND WORK PLACEMENT APPLICATION FORM

Your Contact Details:

Name _____

Address _____

Phone _____ Email _____

Drivers Licence No _____ Vehicle Registration _____

Prefer: Mobile [] Email [] Home Phone []

Are you applying as a:

[] Volunteer [] Work for the dole [] Student placement [] Work placement

Emergency Contact Details:

Name: _____

Relationship: _____

Phone: _____ Mobile: _____

You are required to have a WWCC in any volunteering capacity at YCC. They are free of charge for volunteers and can be applied for online at www.workingwithchildren.vic.gov.au.

Working with Children Check: [] Yes [] No [] Sighted

Card No: _____

If you are applying to volunteer in Child Care:

Child Safety Policy sighted and read? [] Yes [] No

Medical Conditions: Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks. If so, please detail:

Note: All medical and personal information will be treated as confidential.

Permission to Use Photographs & Video:

I do / do not (please circle), AGREE for Yarraville Community Centre to take, use and distribute photographs and/or videos, in order to promote volunteering or the organisation. If you circled do not, it is your responsibility to inform others that you do not want yourself filmed or photographed

Signed _____ Date _____

In order to assist us to match volunteers, student and work placements with areas of need/client requirements, please also provide the following details:

Country of Birth _____

Preferred language _____

Are you of Aboriginal or Torres Strait Islander origin? Please specify _____

Type of Work Preferred

Please read the relevant YCC Volunteer Position Descriptions for program information that will assist in selecting your preference, and then tick the appropriate box below.

	Teaching Support
	Administration
	Maintenance
	Assisting with programs – please specify
	Special Interest Group - please specify
	Event Support
	Youth
	Community Development research & projects
	Marketing
	Child Care
	IT

What days and times would you like to volunteer?

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
AM							
PM							

Please highlight the skills, knowledge and or experience you bring to this role:

Signed: _____ **Date:** _____

Office Use Only

Date Received: / /	<input type="checkbox"/>	Entered into Database
Confidentiality Statement signed <input type="checkbox"/>	<input type="checkbox"/>	Code of Conduct Signed
Orientation complete		
Induction complete		