



Canterbury City Community Centre

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VOLUNTEER APPLICATION

NAME _____ **DATE** ____/____/____

ADDRESS _____

_____ **POSTCODE** _____

PHONE NUMBER _____ **Male / Female (please circle one)**

EMAIL ADDRESS _____ **DATE OF BIRTH** ____/____/____

WHAT LANGUAGE / S DO YOU SPEAK? _____

HAVE YOU WORKED AS A VOLUNTEER BEFORE? YES / NO (please circle one)

IF YES, WHAT KIND OF WORK DID YOU DO? _____

WHAT ARE YOUR INTERESTS AND SKILLS? _____

EDUCATIONAL QUALIFICATIONS / COURSES COMPLETED? _____

HOW LONG DO YOU INTEND TO VOLUNTEER? (please tick)

Short-term (up to 3 months) Medium term (up to 6 months) Long term (6 months +)

WHICH OF THE FOLLOWING POSITIONS ARE YOU INTERESTED IN? (please tick)

Office Administration

Food Preparation for Frail-Aged groups Bus Assistant / Social Support

ARE YOU WILLING TO ATTEND TRAINING? YES / NO (please circle one)

DO YOU HAVE YOUR OWN TRANSPORT?: YES / NO (please circle one)

DO YOU HAVE ANY MEDICAL CONDITION / S WHICH COULD AFFECT YOUR ABILITY TO VOLUNTEER? If so, please give details: _____

WHO SHOULD WE CONTACT IN CASE OF EMERGENCY?

Name: _____ Phone: _____

Address: _____

What is their relationship to you? _____

**NAMES OF TWO PERSONS WHO WOULD BE PREPARED TO ACT AS YOUR REFEREE
(please do NOT include family members)**

1. NAME _____ 2. NAME _____

Relationship to you: _____ Relationship to you: _____

Ph. No.: _____ Ph. No.: _____

STATEMENT

I, _____, state that the information I have given is true and correct. I agree to undergo a criminal record check as part of my application to volunteer, and agree to abide by the attached Code of Behaviour for volunteers of Canterbury City Community Centre.

Signed _____ Date: ____/____/____

FOR OFFICE USE ONLY

References checked by: _____ Date: ____/____/____

CRC passed: Yes No Date: ____/____/____ Code of Behaviour signed: Yes No

Volunteer position allocated: _____

Shift Time and Day: _____

Date Commenced: ____/____/____

Comments: _____

Date Left: ____/____/____

Reason for leaving: _____
