

AGENCY REGISTRATION



Canterbury City Community Centre
PO Box 66
Lakemba 2195
Tel: 9750 9344
Fax: 9740 6332
stars@4cs.org.au

Agency Name: _____	
Address (Post): _____	
Address (Street): _____	
Phone: _____	Fax: _____
Email: _____	Web: _____
Volunteer Coordinator: _____	Office Hrs: _____

How are you funded? (Specify) _____

Who do you service? e.g. Frail Aged, Carers, People with Disabilities, etc.

What does your organisation do? (Attach any information which will help inform potential volunteers e.g. brochures, flyers, posters):

How many volunteers does your agency currently employ? (Please Circle)

Less than 10 10 – 20 20 – 50 50+

Are your volunteers covered by accident insurance? Yes / No

Name of Insurance Company: _____

Do you have a Volunteer Policy? Yes / No

Do you offer volunteer reimbursement/travel expenses? Yes / No
Please specify: _____

Is volunteer training provided by your organisation? Yes / No
Please specify: _____

Does your organisation take Centrelink referrals as volunteers? Yes / No

Any additional comments: _____

Signed: _____

Date: ____ / ____ / ____