

VOLUNTEER APPLICATION FORM

People and Culture Department

Name										
Address										
Phone										
Mobile phone										
Email										
Date of Birth										
Preferred Voluntee	Preferred Volunteer Roles (please mark X below)									
Social Support					nistration					
How did you find out about volunteering with MCCS?										
What skills can you bring to MCCS?										
Do you see volunteering as a path to developing skills for gaining employment with MCCS or elsewhere?										
NAME of the second seco										
What would you like to gain from volunteering with MCCS?										
Availability - please			box/boxes Wednesday	Thur	adov.	Fridov	Caturday	Cundou		
Morning	nday	Tuesday	wednesday	mur	sday	Friday	Saturday	Sunday		
Afternoon										
Francisco Conto	_1									
Emergency Contact Name	<u> </u>									
- Name										
Relationship										
Phone										
Mobile phone										



Do you have any injuries, disabilities or health problems that could impact on your role as a Volunteer? (or endanger yours or another person's health or safety)							
Volunteer? (or endanger yours or another person's health or safety) No Details:							
Dietary needs							
First aid needs that may requi specific treatment in a medic emergency, such as severe allergies.							
Background							
Highest level of education							
Do you identify as Aboriginal or Torres Strait Islander?							
Do you have any previous Criminal Convictions that we need to be aware of?							
Current occupation							
Hobbies, skills, interests							
Volunteer experience							
Languages other than English							
Do you have a car available to use for your volunteer work? Yes No							
Is the vehicle comprehensively insured? Yes No							
Do you hold a current driving licence? Yes No							
DL Class Expiry date://							
one person (not family) who we MCCS will be contacting ther	would be s m.	to a Volunteer position being offered. Pleass suitable to provide a reference and advise the ren permission for MCCS to contact your refe	em that	ite			
Name	<u> </u>	,					
Phone							
Mobile phone							



Date

How do you know this person?		
Are you committed (at this time) to any contract that could affect your future availability?	other training, volunteering, work, travel plans etc	Yes No
Details:		
How did you hear about volunteering role	es with MCCS?	
Details:		
I understand that if accepted as a volunt	teer that:	
Referee checks are requiredA Police check is required		
The Code of Conduct and EthicsA position description will be prov	must be signed and complied with ided	
	ngoing training sessions is mandatory ed by Volunteer Personal Accident Insurance	
There is a six-month probationaryThe Volunteer role requires effecti	period	
All MCCCS/AHLA Policies and ProWork Health Safety guidelines mu:	cedures must be complied with	
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Thank you for applying to Volunteer at MCCS. Please return this completed form via email to intake@mccs.org.au or print and post or deliver to:

MCCS Units 3-6, 27 John Street TELARAH NSW 2320 ATT: Volunteer Coordinator

Signature