



IRAMOO COMMUNITY CENTRE

Volunteer Application Form

Thank you for your interest in volunteering with Iramoo Community Centre.

Our volunteers play an important role in creating a welcoming, inclusive and connected community. Please complete this form and return it to the Centre. All information provided will be treated confidentially and managed in accordance with our Privacy Policy.

PERSONAL DETAILS

Full Name: _____

Address: _____

Phone:

Home: _____

Mobile: _____

Email: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

REFEREES

Referee 1

Name: _____

Relationship: _____

Phone: _____

Email: _____

Referee 2

Name: _____

Relationship: _____

Phone: _____

Email: _____

VOLUNTEER INTERESTS

Please indicate the areas you are interested in supporting:

- Reception and Administration
 - Community Programs
 - Committee of Management Member
 - Children's School Holiday Program
 - Community Garden
 - Cooking Programs
 - Arts and Crafts
 - Events and Fundraising
 - Maintenance and Gardening
 - Other: _____
-

AVAILABILITY

Please indicate your availability:

Day	Morning	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

Approximate number of hours per week available:

SKILLS, EXPERIENCE AND INTERESTS

Please tell us about any relevant:

- Work experience
- Volunteer experience
- Qualifications or training
- Languages spoken
- Hobbies, interests or skills you would like to share

Do you have a current resume?

Yes (attached)

No

COMPLIANCE CHECKS

Working With Children Check (WWCC)

Do you hold a current Victorian Working With Children Check?

Yes

No

Applied For

WWCC Number: _____

Expiry Date: _____

National Police Check

Do you hold a current National Police Check?

Yes

No

Applied For

Issue Date: _____

Please note that our volunteer positions require a current Working With Children Check and National Police Check.

VOLUNTEER GOALS

What interests you about volunteering with Iramoo Community Centre?

What skills, knowledge or experience would you like to gain or develop through volunteering?

TRAINING AND DEVELOPMENT

Please indicate your interest in the following:

- I am interested in attending volunteer training opportunities.
- I am willing to share my skills and knowledge with other volunteers and community members.
- I would be interested in helping develop new community projects and programs.

ADDITIONAL INFORMATION

Do you have any medical conditions, accessibility requirements or support needs that we should be aware of to support your volunteering experience?

- No
- Yes (please provide details)

CHILD SAFETY AND SUITABILITY

Have you ever been convicted of an offence that may affect your suitability to work with children, families or vulnerable people?

No

Yes

If yes, please provide details:

Any information provided will be treated confidentially and assessed in accordance with relevant legislation and organisational policies.

VOLUNTEER DECLARATION

I declare that the information provided in this application is true and correct to the best of my knowledge.

I understand that:

- Volunteer positions are unpaid.
- Our volunteer roles require a Working With Children Check and National Police Check.
- I agree to comply with Iramoo Community Centre's policies, procedures, Child Safe Standards, Code of Conduct and confidentiality requirements.
- My personal information will be collected, stored and used in accordance with privacy legislation.

Applicant Name: _____

Signature: _____

Date: _____

CONFIDENTIALITY AGREEMENT

I agree to maintain the confidentiality of all personal, sensitive and organisational information obtained during my involvement with Iramoo Community Centre.

I understand that confidential information relating to participants, volunteers, staff, partners and organisational operations must not be disclosed without appropriate authorisation.

Volunteer Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Application Received: _____

Interview Conducted: Yes No

WWCC Verified: Yes No

Police Check Verified: Yes No

Referee Checks Completed: Yes No

Volunteer Role Assigned:

Commencement Date:

Supervisor:

Notes: