

Community Migrant Resource Centre

VOLUNTEER REGISTRATION FORM

VOLUNTEER DETAILS (must be 18 years or over)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____ MALE / FEMALE (please circle)

HOME PHONE: _____ MOBILE PHONE: - _____

EMAIL: _____

POSITION/S YOU'D LIKE TO VOLUNTEER FOR

(please tick any you may be interested in)

Admin Reception/Customer Service

Community work Other _____

Are you familiar with the CMRC? YES / NO

Do you hold a current first aid certificate? YES / NO

AVAILABILITY FOR VOLUNTEER WORK (please tick or circle answer)

Each day Each week Only call me if you are short of volunteers:

Available days: Mondays / Tuesdays / Wednesdays / Thursdays / Fridays / Saturdays / Sundays

Available times: 9-12 /9-1/ 10-12/ 10-1/ 10-2/ 10-3/ 12-3/ 12-4/ 1-3/ 1-4/ Other _____

VOLUNTEER REQUIREMENTS

As our volunteers might be working with children, CMRC is legally obligated to have all volunteers sign a 'Prohibited Employment Declaration'. It is an offence to sign this form and apply for volunteer work if you have been convicted of a serious sex offence or are a Registrable Person under the Child Protection Act 2000.

Forms will need to be signed before you start volunteering and will remain the property of the CMRC.

I understand I will need to complete a Prohibited Employment Declaration and provide proof of identification

EMERGENCY CONTACT

FIRST NAME: _____ LAST NAME: _____ RELATIONSHIP (eg Wife) _____

ADDRESS: _____ POSTCODE: _____

HOME PHONE: _____ MOBILE PHONE: _____

VOLUNTEER CONSENT

FULL NAME: _____ SIGNATURE: _____ DATE: ____ / ____ / ____

Any queries, please phone us on 9687 9901. For more information visit www.cmrc.com.au