VOLUNTEER REGISTRATION FORM

Period of volunteering from: _____to _____			
PERSONAL DETAILS			
First Name		Last Name	
Date Of Birth		Gender	
Home Phone		Mobile Number	
Email			
Address			
POSITION/S YOU WOULD LIKE TO VOLUNTEER FOR			
☐ Admin		☐ Reception/Customer Service	
☐ Community work		☐ Other	
Are you familiar with CMRC?		☐ Yes ☐ No	
Do you hold a current first aid certificate?		☐ Yes ☐ No	

AVAILABILITY FOR VOLUNTEER WORK						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

MEDICAL INFORMATION

- All CMRC volunteers are required to be fully vaccinated and will need to provide their proof of vaccination or exemption status.

  I have been vaccinated against Covid-19 ☐ Yes ☐ No
- Do you have any medical restrictions, pre-existing injuries, health issues or allergies that may impact your performance and ability to volunteer? If yes, please provide details (including current medication needs)

LANGUAGES			
Can you speak a language other than English?		☐ Yes ☐ No	
(if yes, please specify language/s)			
EMERGENCY CONTACT			
First Name		Last Name	
Relationship		Mobile Number	
Address			

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VOLUNTEER REQUIREMENTS	
I have provided 100 points of Identification.	☐ Yes ☐ No
I have provided a National Police Check Certificated	☐ Yes ☐ No
I have provided a NSW Working with Children Check.	☐ Yes ☐ No

Declaration

By completing and signing this form, I acknowledge and accept that I am entering into a legally binding agreement with Community Migrant Resource Centre (CMRC) in connection with my volunteer work. I agree to comply with all CMRC, procedures, terms & conditions of volunteering:

- I acknowledge that Community Migrant Resource Centre will collect, use, exchange, store and dispose of my personal information under the Privacy Act 1988 (Cth).
- I understand that the confidential information remains the property of CMRC and must not be disclosed at any time. I agree that I will maintain the confidentiality of all information involves clients, staff members, contractors, donors, members or anyone involves with Community Migrant Resource Centre.
- I understand that any documents, computer discs, or other means of recording information (whether electronic or otherwise) on which any of the confidential information is recorded shall not be copied or removed from CMRC's records without the express consent of CMRC.
- I will comply with the CMRC's policies and procedures including Code of Conduct, Work, Health & Safety, Privacy & Confidentiality, Social Media, Conflict of Interest, Equal Employment Opportunity (EEO) & Diversity and all other relevant policies.
- I will advise my supervisor of any changes to my health or capacity that may affect my ability to perform my volunteering role for example illness, medication or injury.

I hereby declare all the information in the form is true and correct and complete all the requirements.

VOLUNTEER CONSENT

Full Name		Signature		Date	

If you have any queries, please call us on 9687 9901. For more information visit www.cmrc.com.au

Please return this form to CMRC, PO Box 1081, Parramatta 2124, or email to cmrc_admin@cmrc.com.au

VOLUNTEER REGISTRATION FORM

100 points of identification must be provided by each and every volunteer of the organisation:	
DOCUMENTS	**POINT**
Primary documents • Birth Certificate; or • Citizenship Certificate; or • Current Australia Passport; or • Expired Australian Passport which has not been cancelled and was current within the preceding two years; or • Current passport from another country or diplomatic documents; or • Birth card issued by the NSW Registry of Births Deaths and Marriages	**70**
Secondary documents must have a photograph and a name. • Current driver photo licence issued by an Australia state of territory; or • Identification card issued to a public employee; or • Identification card issued to a student at a tertiary education institution ; or • Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit; or • Licence or permit issued under a law of the Commonwealth, State or Territory Government – (e.g. a boat licence)	**40**
Documents - must have a name and address. • A document held by a cash dealer giving security over your property; or • A mortgage or other instrument of security held by a financial body; or • Document from current employer or previous employer within the last two years; or • A mortgage or other instrument of security held by a financial body; or • Land Titles Office record	**35**
Documents must have a name and signature. • Marriage certificate (for maiden name only); or • Credit Card; or • Foreign Driver's License; or • Medicare Card (signature not required on Medicare Card); or • EFTPOS Card.	**25**
Documents must have a name and address. • Electoral Roll compiled by the Australian Electoral Commission and available for public scrutiny; or • Records of public utility – phone, water, gas, electricity bill; or • Records of a financial institution; or • A record held under a law other than a law relating to land titles; or • Council rates notice; or • Rent/Lease agreement; or • Rent receipt from a licensed real estate agent.	**25**
Document – must have a name and date of birth. • Record of a primary, secondary or tertiary educational institution attended by you within the last 10 years; or • Record of professional or trade association of which you are a member.	**25**

VOLUNTEER REGISTRATION FORM

Office Use Only			
Date Received		Position/s allocated:	
Supervisor signature:		Manager signature:	
• 100 Points ☐ Yes ☐ No • Police check ☐ Yes ☐ No • WWCC ☐ Yes ☐ No			