

Volunteer Application

Contact Information									
Name									
Street Address									
Suburb									
State									
Postcode									
Home Phone									
Work Phone									
Mobile Phone									
E-Mail Address									
Date of Birth									
Where did you hear about									
us?									
Emergency Contact Detai	ls								
Name of Contact									
Contact Number									
Relationship to You									
Current Availability – plea	ase tick	1				т	1		
		AM	PM			AM	PM		
Monday				Thursday					
Tuesday				Friday					
Wednesday									
Comments regarding availability									
Comments regarding availability									
Special Skills / Qualifications / Areas of interest									
Previous relevant Volunte	eer Experienc	e							

Requirements

- Volunteers will be required to undertake a National Police Check (we cover any expense)
- A Working With Children Check is required of all volunteers working with young people
- Satisfactory referee checks

Referee details #1			
Name			
Contact number			
Relationship to you			
Referee details #2			
Name			
Contact number			
Relationship to you			
Office Use Only – To be com			
Requirements	Date	sighted By	who
Working with Children's check			
Police check			
Referee check #1 completed			
Referee check #2 completed			
Training and Development			
Training and Development	Date	Program	Sign Off
Orientation			

Please email completed form to volunteer@youthconnect.com.au

Induction Training

Supervision Training