



# Christ Church Mission Inc Volunteer Application Form

14 Acland Street, St Kilda 3182  
PO Box 1221, St Kilda 3182  
9534 9250  
[communitycentre@christchurchstkilda.org.au](mailto:communitycentre@christchurchstkilda.org.au)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_ (W) \_\_\_\_\_

E-mail: \_\_\_\_\_ (M) \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: Male / Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupations / Study: *Current* - \_\_\_\_\_

*Previous* - \_\_\_\_\_ Other Languages: \_\_\_\_\_

What skills do you have? \_\_\_\_\_

Please list any health problems: \_\_\_\_\_

Do you have a disability or mental illness that would affect your participation?:

If Yes, what support do you require? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you done volunteer work before? Yes / No

Why do you wish to volunteer for the Christ Church Mission Inc? \_\_\_\_\_

Circle the services you are most interested in:

<b>Fundraising</b>	<b>Admin / Reception</b>	<b>Occasional letter drops</b>	<b>Free bread collection</b> (Tuesday evenings)	<b>Specific skills</b> (entertainment, sewing, art, computers, etc)
<b>Open House</b>	<b>Open House</b>	<b>Open House</b>	<b>Neighbour Connect</b>	<b>Garden Nomads</b>
<b>Meal preparation</b> (Wed from 12.30pm to about 3.30pm)	<b>Social interaction with participants before the meal</b> (Chatting, board games, etc) (Wed 4.15-5.45pm)	<b>Meal service, dish washing and clean up</b> (Wed 5.15 -7.15pm)	<b>Prepare and deliver a light lunch for Yoga group at the St Kilda Esplanade Housing</b> (Wednesday 12 noon to 3pm)	(Assisting frail or disabled local people to maintain their gardens)

Please nominate days and times you are available to volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VOLUNTEER BACKGROUND CHECK

In some programs a police background check may be required. Are you willing to consent to this process? Yes / No (*Please Note: A previous offence does not necessarily disqualify you from volunteer service. However, failing to disclose such information may lead us to decline your volunteer offer.*)

Could you please supply a referee from your student, work, professional or volunteer background, or the name of a person who can give a character reference for you?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

**The following agreements should be signed prior to commencing volunteer work:**

### CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_  
(print name)

agree that I will maintain at all times the confidentiality of all privileged or proprietary information to which I am exposed while serving as a volunteer with the Christ Church Mission Inc, whether this information involves a client, a paid staff person, or other person or involves overall agency business.

Signed: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

### VOLUNTEER AGREEMENT

*I understand that the work I do is voluntary and must be in accordance with Christ Church Mission Inc policies, volunteer guidelines and all relevant legislation - including EEO, OH&S and Privacy.*

Signed: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

### PERMISSION to RELEASE AGREEMENT

I authorise Christ Church Community Centre to use my and/or my childrens photograph for use in the Annual Report and other promotional material such as the website and the Christ Church Community Centre Facebook page.

Signed \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

### Privacy Statement

Christ Church Mission Inc. is committed to ensuring your privacy and confidentiality is protected consistent with our obligations under the Information Privacy Act 2000 (Vic) and the Health Records Act 2001 (Vic). Any information provided will be used only for the purpose intended and will not be disclosed without consent unless otherwise required by law.

All inquiries or complaints about privacy should be directed to the Manager on (03) 9534 9250.