



Volunteer Application Form

YCC welcomes you, volunteers are integral to our organisation and we appreciate their valuable contributions.

Your Personal Details					
First Name			Last name		
Preferred Name			Date of Birth		
Gender	<input type="checkbox"/> Woman	<input type="checkbox"/> Man	<input type="checkbox"/> Non Binary	<input type="checkbox"/> Prefer to self describe	
Self Describe					
Home Phone			Mobile		
Email Address					
Home Address					
Town/City		State		Postcode	
Postal address if different from your above home address?					
Do you have any pre-existing injuries or medical conditions that could reasonably be expected to be aggravated by performing the volunteer related duties?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify:			
Do you identify as Aboriginal or Torres Strait Islander?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander		<input type="checkbox"/> Prefer not to say		

<u>EMERGENCY CONTACT - First Contact</u>	
First & Last Name	
Relationship to you	
Mobile Number	
Home Number	

EMERGENCY CONTACT - Second Contact	
First & Last Name	
Relationship to you	
Mobile Number	
Home Number	

Centrelink / Job Active / Community Corrections	
Please tell us if you have any of the following obligations to fulfill	
<input type="checkbox"/> Work for the Dole	<input type="checkbox"/> Centrelink
<input type="checkbox"/> Community Corrections Order	<input type="checkbox"/> Job Active Agency
Please specify:	
Police Check / Working with Childrens Check	
Do you consent to Police Checks - conducted every 3 years & Working With Childrens Checks (WWC) conducted every 5 years.	
<input type="checkbox"/> Yes, I agree to these being conducted	<input type="checkbox"/> No, I do not wish to proceed
Are you a member or do you volunteer in any other capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify:	

Referees			
Please provide the name and contact details of two work (paid or volunteer) or personal referees who we can contact. Both referees should be able to comment on your suitability to volunteer and must have known you for at least 12 months. Family referees are not suitable.			
Full name		Full name:	
Relationship to you		Relationship to you	
Length of relationship		Length of relationship	
Mobile Number		Mobile Number	
Email Address		Email Address	

Where to Volunteer

<input type="checkbox"/> YCC Community Op Shop (Retail)	<input type="checkbox"/> YCC Community Events
<input type="checkbox"/> Administration / Data Entry	<input type="checkbox"/> YCC Projects
<input type="checkbox"/> IT	<input type="checkbox"/> Property Maintenance
<input type="checkbox"/> Research Projects	<input type="checkbox"/> Assisting with Programs or courses
<input type="checkbox"/> Tutor / Facilitator	<input type="checkbox"/> Other (Please specify)

Do you have any particular skills, knowledge or interests that would be of interest to YCC?

Availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

How often are you available to volunteer?	Daily	Weekly	Fortnightly	Monthly	Fixed Term	Other
Please tick						

Privacy

Yackandandah Community Centre values your privacy and understands that you wish for your personal information to remain secure. You can view our privacy policy which sets out how we collect and deal with personal information.

Child Safety

Yackandandah Community Centre is a child safe space.

Parent/Guardian Permission

This section is to be completed for volunteers under 18 years of age

As parent/guardian, I give consent for the above applicant to

- Volunteer with Yackandandah Community Centre
- Work unsupervised in their role with Yackandandah Community Centre

Parent/Guardian Name:

Parent/Guardian Signature:

Parent/Guardian Relationship:

Confirmation

I confirm that the information contained in this form is true, correct and current

Signature

Name

Date

Please return your completed form either;

via mail: manager@ycc.org.au

by mail: PO Box 702, Yackandandah, Vic 3749

or in person at 29 High Street Yackandandah

Thank you for your application. We welcome a time to meet you in person and discuss the next steps. If you have not heard from us within 7 days of submitting your application or require additional information please call 02 6027 1743 or email manager@ycc.org.au