

# Facilitator / Volunteer Information

## INFORMATION ABOUT YOU:

Title <small>Mr/Mrs/Ms..etc.</small>			
First Name			
Last Name			
Date of Birth			
Address			
Suburb			
Home Phone		Mobile No:	
Email			
Preferred Contact Method	<input type="checkbox"/> Email	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mobile No
Current Residency Status	<input type="checkbox"/> Australian or NZ citizen <input type="checkbox"/> An Australian Humanitarian Visa <input type="checkbox"/> Hold Permanent Australian Residency Visa <input type="checkbox"/> Citizen of another country other than Australia or NZ and don't have permanent residency visa		
Next of Kin & Mobile Number	Name: _____ Mobile No: _____ Home: _____		
All facilitators/volunteers are required to provide:	A. Working with Children Check (WCC). This is applied for ONLINE and is free for volunteers. <a href="https://service.vic.gov.au/services/working-with-children">https://service.vic.gov.au/services/working-with-children</a> B. National Police Check - the cost will be covered by the community centre for volunteers, forms available from office or please see office to complete paperwork - FOR HELP: CONTACT the office.		
I would like to:	<input type="checkbox"/> Volunteer	<input checked="" type="checkbox"/> Paid to facilitate program	<input type="checkbox"/> Discuss with manager
Do you have any Centrelink obligations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently receiving WorkCover?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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## AVAILABILITY:

Days / Times of availability (required)	
Do you have any injuries or illnesses we should consider when considering you for a role?	

**AREAS OF INTEREST:** Where applicable, choose one or more ways that you would like to be part of Baranduda Community Centre. The options available could be for a specific role or task, an area, or project/program being run.

<input type="checkbox"/> Program helper/facilitator	<input type="checkbox"/> Cooking or helping in the kitchen	<input type="checkbox"/> Office helper
<input type="checkbox"/> Event helper/facilitator	<input type="checkbox"/> Chairperson / Committee volunteer	<input type="checkbox"/> Communications
Other:		
Other:		
Other:		

## SKILL SETS / QUALIFICATIONS:

PAST relevant work or volunteer roles	
Relevant skills &/or qualifications/courses you current have. eg. Dip of Education, Food Handling certificate, Other courses etc.	
Are there additional skills you would like to acquire working with BCC?	
What are your interests or hobbies?	

## REFERENCE CONTACT:

Referee Name	
Referee Contact Phone No	
Relationship to facilitator/volunteer	
Reference Organisation	