

# Community Hub Inc. Volunteer Application Form

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**Name** \_\_\_\_\_

**Gender** Male  Female  Non Binary  Other

**Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Address**

Street No: \_\_\_\_\_ Street Name: \_\_\_\_\_

City \_\_\_\_\_ Postcode: \_\_\_\_\_

**Phone** Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Email** \_\_\_\_\_

**Do you have any medical conditions which may impede your volunteer work?**

**NO**

**YES** – if YES, please indicate below

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**Please indicate the area/s you wish to volunteer**

- Office Reception /Administration
- TAC L2P Learner Driver Program
- Colac Otway NILS
- Cleaning/Gardening & Maintenance
- HubGaming
- Classroom Support (please list what area)

\_\_\_\_\_

- IT Support
- Learning Centre Support
- Program Support – please state program

\_\_\_\_\_

- Printing Enterprise Support
- Working Group Support– please state program

\_\_\_\_\_

**AVAILABILITY**

**What days are you interested in volunteering?**

Monday  Tuesday  Wednesday   
 Thursday  Friday  Weekends

**What time during the day are you available?**

Morning  Afternoon  Other

**REFERENCES**

**HOW DID YOU HEAR ABOUT US?**

Newspaper  Newsletter  Referred by friend/volunteer   
 Mailing  Website  Other

**LIST THE NAME AND PHONE NUMBER OF A PERSONAL REFERENCE**

Name	
Address	
Relationship	

Do you have a working with Children’s Card? Yes  No

If no, would you be willing to apply for one? Yes  No   
*Please be advised if you are not willing to apply for a with Children Card, placing you in volunteer work will not be possible within our association.*

Would you be prepared to undergo a Police Check Yes  No  NA   
*Please be advised if you are not willing to apply for a Working with Children Card, placing you in volunteer work may be difficult within our association.*

Volunteer Signature ----- Date -----

**Office Use Only**

Volunteer Enrolment Completed Yes  No   
 Identification sighted and copied Yes  No   
 Working with children Card sighted and copied Yes  No   
 Police Check Sighted and copied Yes  No   
 Volunteer Application Approved Yes  No   
 Volunteer Candidate notified Yes  No   
 Staff Member / Supervisor

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