

A PROJECT OF MERCY WORKS

MERCYCONNECT

SYDNEY | MELBOURNE | BALLARAT | PERTH

Application:

Volunteer Mercy Connect Perth

Name: _____ Date: _____

Gender: Male Female Country of birth: _____

Address: _____

_____ State: _____ Postcode: _____

Phone (home): () _____ Phone (work): () _____

Fax: () _____ Mobile: _____

E-mail: _____

Driver's Licence: Yes No Own Car: Yes No

First Language: _____

Other Languages (please indicate fluency):

1. _____ Excellent Average Basic

2. _____ Excellent Average Basic

Are you currently:

Student Retired Unemployed Home duties Employed part-time

List current employer and position (if any):

Please note that the nature of this volunteer role means that previous experience working in an educational setting is required.

Previous positions held:

Education (indicate highest qualification and institution):

Previous volunteer experience (if any). Give details of previous volunteer position, organisation, and length of time you were there:

Do you have a health/medical condition that could affect your role as a Mercy Connect volunteer?

No Yes (if yes, please give details)

Time availability:

The time commitment required is a minimum three hours per week for one school year (please indicate the day and time you are available).

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

NB: You will also need to be available to attend approximately one meeting per school term.

Indicate below why you would like to volunteer with the Mercy Works Mercy Connect Project. (continue on a separate sheet if necessary).

What are the skills and/or attributes you can bring to this volunteering position?

Provide the names of two referees (preferably professional):

Name: _____ Name: _____

Organisation: _____ Organisation: _____

Email: _____ Email: _____

Phone: () _____ Phone: () _____

How did you learn about the position?

National Police and Working with Children Check and Child Protection Policy

- I give permission for Mercy Connect to undergo a National Police Clearance Check on my behalf. *(Please see attached page for ID documents required at the interview)*
- I agree to apply for a Working with Children Check. *(If you have a WWC please bring it to the interview. If you do not have one, an application will be provided to you).*
- My details on this form are true and accurate.
- I have read and agree to comply with the Mercy Works Child Protection Policy. *(Attached)*

Name: _____

Signature: _____

Date: _____

Please post or email this application form to:

Mercy Connect
Project Coordinator
c/- Mercy Congregation Centre
60 John St
Northbridge WA 6003
Phone: 08 9328 6991
mercyconnectp@mercy.org.au



MercyWorks

SISTERS OF MERCY
IN AUSTRALIA & PAPUA NEW GUINEA

McAuley Centre

1 Thomas Street,
Lewisham NSW 2049

*IN THE LAND OF THE EORA
PEOPLE*

Tel: +61 (0) 2 9564 1911

Fax: +61 (0) 2 9550 9683

Email: mercyworks@mercy.org.au

Website: www.mercyworks.org.au

ABN: 37 147 042 466



**ACFID
MEMBER**