VOLUNTEER APPLICATION

| VOLUNT | EER APPLI | CATION | Date: | | | | |
|-----------------------------------------------|------------------|------------------------|----------------------------------------------|----------------------|--------------------|-------------------------------|--|
| Name: | | | | | | | |
| Gender: | Male | Female | Date of Birth Other (for WWCC verification): | | | | |
| Address: | | | | State: | | Post Code: | |
| Email: | | | | | | | |
| Mobile: | | | | Home Phone: | | | |
| Driver's Lice | ence: Yes | No | | Own Car: | Yes | No | |
| First Languas | ge: | | | | | | |
| Other Langu | ages (please ind | icate fluency): | | Country of birt | h : | | |
| 1 | | | Excell | ent | Average | Basic | |
| 2 | | | Excell | ent | Average | Basic | |
| Are you curr | ently: | | | | | | |
| Studyi | ing | Retired | Unemployed | l Hom | e Duties | Employed Part-time | |
| List current e | employer and po | osition (if any): | | | | | |
| Please note that essential Previous pos | | olunteer role means th | at previous experien | ce working in an edu | ucation setting i. | s an advantage but not | |

Education (indicate qualifications and institutions):

| Do you hav | ve a health/medical condition | that could affect your role as | a Mercy Works Conr | ect volunteer? | | | | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------|---------------------------|-------------------------|----|--|--|--|--|
| No | No Yes (if yes, please give details) | | | | | | | | |
| Do you cur | rently possess a Working with | Children Clearance (WWC | C) / State Inst. of Teach | ning Card? Yes | No | | | | |
| What is you | ır WWCC number? | | | | | | | | |
| Do you cur | rently possess a National Poli | ce Clearance? Yes | No | | | | | | |
| | ommitment required is a minired availab | · | uring school time for c | one school year. Please | | | | | |
| Mon: | Tue: | Wed: | Thu: | Fri: | | | | | |
| NB: You will also need to be available to attend approximately one meeting per school term. | | | | | | | | | |
| Why would | you like to volunteer for the N | lercy Works Connect progran | n? | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| What are th | ne skills and attributes you car | n bring to this volunteering p | osition? | | | | | | |
| | , | J. | | | | | | | |
| | | | | | | | | | |
| Provide the | names of two referees (prefera | ably professional): | | | | | | | |
| Name Referee 1: | | | Name Referee 2: | | | | | | |
| Organisatio | Organisation: | | Organisation: | | | | | | |
| Role in Organisation: | | | Role in Organisation: | | | | | | |
| Email: | | Ema | l: | | | | | | |
| Phone: | | Phor | ne: | | | | | | |
| How did yo | ou learn about this position? _ | | | | | | | | |
| TIOW GIG YO | a rearn about tills positions _ | | | | | | | | |

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

NEXT STEPS:

were there:

Please save this application to your computer and attach to an email or print & post to the contact in your state:

PROGRAM MANAGER

Mercy Works Connect PO Box 2023 North Parramatta NSW 1750 Ph: 02 9564 1911 E: farid.ghalib@mercyworks.org.au

VICTORIA

Mercy Works Connect Coordinator 607-617 Nicholson St Carlton North Vic 3054 Ph: 0415 246 640

NEW SOUTH WALES

Mercy Works Connect Coordinator PO Box 2023 North Parramatta NSW 1750 Ph: 02 9564 1911 E: katherine.cooney@mercyworks.org.au E: paul.taylor@mercyworks.org.au

WESTERN AUSTRALIA

Mercy Works Connect Coordinator c/- Mercy Congregation Centre 60 John St Northbridge WA 6003 Ph: 0406 233 102 E: kristen.soon@mercyworks.org.au