

**VINES ROAD COMMUNITY CENTRE Inc**

(ABN: 42 660 443072)

*Your Local Community Centre*

49 Vines Road, Hamlyn Heights, Victoria, 3215

Phone: 5277 9027 Fax: 5277 2189

Website: vinesroadcc.com.au Email: info@vinesroadcommunitycentre.org.au

Member A.N.H.L.C, Barwon Network Neighbourhood Houses,

**Volunteer Application Form**

**Family Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

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

**Gender:** M / F

**Address** \_\_\_\_\_

**Suburb** \_\_\_\_\_

**Post Code** \_\_\_\_\_

**Home Ph** \_\_\_\_\_

**Mobile** \_\_\_\_\_

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

**Emergency Contact**

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

**Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**What type of duties/activities would you like to do perform as part of your volunteer role?**

\_\_\_\_\_

**Times you are available**

**Weekly:** \_\_\_\_ **Fortnightly:** \_\_\_\_ **Monthly:** \_\_\_\_ **Morning:** \_\_\_\_ **Afternoon:** \_\_\_\_

**Preferred Day(s) of the Week:** \_\_\_\_\_

**Referees (Not Relatives)**

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

**Ph:** \_\_\_\_\_

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

**Ph:** \_\_\_\_\_

**Volunteers Signature:** ..... **Date**.....

*Privacy: The personal information requested on this form is being collected for VRCC use, which will be solely used for this primary purpose or directly related purposes. The informant understands that they may apply to VRCC for access and/or amendment of the information. This information will not be disclosed except as required by law.*