



# VOLUNTEER APPLICATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Contact phone no: \_\_\_\_\_

Male  Female    **Age Group:**  18-25  26-35  36-45  50-65  65+

Please tick all positions that interest you (**NOTE: All new volunteers are subject to 3 months' probation**)

**Community Worker (Interviewer)**  
You must complete a 50-hour accredited training unit CHCCCS004 (*Assess Co-Existing Needs*).  
*Details will be provided at interview.*

**Receptionist**  
Position involves greeting clients and visitors, answering telephones and providing information.  
Good communication skills are required.

**Administration**  
Data entry, collation and entry of statistics. Basic keyboard skills and attention to detail.

**Lunch Program (Note: Lunch Shift is: 11:30am - 2:30pm)**  
Lunch program runs 4 days a week (*Monday, Tuesday, Thursday, Friday*)  
Tick Availability:  Monday  Tuesday  Thursday  Friday

## Volunteering availability

Please tick all days and times you are available to volunteer:

**Morning shift:** 9:00am - 12:30pm

**Afternoon shift:** 12:30pm - 4:00pm

### Monday

Morning  
 Afternoon

### Tuesday

Morning  
 Afternoon

### Wednesday

Morning  
 Afternoon

### Thursday

Morning  
 Afternoon

### Friday

Morning  
 Afternoon

## How did you hear about Community Support Frankston?

Friend/Family     GoVolunteer     Newspaper  
 CSF website     Seek     Other: please specify  
 CSF Brochure     Volunteer Resource Centre  
 Frankston City Council     Job Network Provider

**Community Support Frankston [www.frankston.net](http://www.frankston.net)**

Phone: 9783 7284 Fax: 9783 7731 Email: [csf@frankston.net](mailto:csf@frankston.net)

ABN 95 426 151 625 Registered Incorporation Number A0000431J

(Deductible Gift Recipient and Income Tax Exempt charity entity (Income Tax Assessment Act 1997))

## Please tell us more about yourself

Tick your main reasons for volunteering:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Recommended by a friend       | <input type="checkbox"/> Gain work experience   | <input type="checkbox"/> Build confidence   |
| <input type="checkbox"/> Help others/make a difference | <input type="checkbox"/> Centrelink requirement | <input type="checkbox"/> Social interaction |
| <input type="checkbox"/> Student placement hours       | <input type="checkbox"/> Learn new skills       | <input type="checkbox"/> Other _____        |

1. Briefly, what is your general work and volunteer history? (Or attach your resume)

2. Do you have any condition or circumstance that would affect your capacity for volunteer work?

## Referees

Please provide the names of two people who have **known you professionally or personally for at least 12 months** and are willing to act as referees for you:

1. **Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_ **Email:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to Operations Coordinator, 35 Beach Street, Frankston 3199**

### Your Information and The Privacy Act

Community Support Frankston Incorporated (CSF) respect and acknowledge the privacy of individuals. The information we are seeking is for the purposes of providing services or to carry out our functions. Under the provisions of the Privacy Act the information being collected by CSF will be held securely and no information will be passed on to any other person or entity without your written consent. You have a right of access to, and alteration of, incorrect personal information concerning yourself in accordance with the Privacy Act.