



Volunteer Application Form

Thank you for your interest in volunteering with Community Services #1 (CS#1).

To help us to find the most appropriate area of involvement for you please take the time to fill out the following details to ensure all relevant information is supplied for our consideration.

Name			
Contact phone			
Email address			
A.C.T. Working with Vulnerable People registration expiry			
Please confirm whether registration is <input type="checkbox"/> General <input type="checkbox"/> Conditional			
What CS#1 programs are you particularly interested in and/or what skills and experience will you bring to CS#1?			
When you are available to start (date)			
Preferred days and times			
Are you available at short notice? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Reference contacts

Please list two people who have known you for at least one year and can vouch for your character, reputation, ethics and judgement.

Name	
Occupation/organisation	
Relationship to you	
Phone	

Name	
Occupation/organisation	
Relationship to you	
Phone	

Checks and applicant acknowledgement

I authorise CS#1 to conduct the relevant background checks (please tick)

I confirm that I will disclose true and accurate information during the course of my application, and that I will notify CS#1 should my circumstances change during assessment of my application.

Name	
Signature	
Date	Click or tap to enter a date.