



PO Box 2160
HAWTHORN VIC 3122
Tel: 03 9815 1266 Fax: 03 9815 1299
Freecall: 1800 138 029
Email: info@crohnsandcolitis.com.au
Web: www.crohnsandcolitis.com.au

VOLUNTEER APPLICATION FORM

DATE

NAME:.....
(Title, First, Second)

ADDRESS:.....
.....

MAILING ADDRESS:.....
(If different from above)

TELEPHONE:.....

BEST TIME TO CALL:.....

WORK:.....

EMAIL:.....

MOBILE:

OTHER:

CIRCLE GENDER: Male Female

DATE OF BIRTH:

Which of the following applies to you?

- Crohn's Disease Ulcerative colitis Parent or Carer Friend or Relative Other

How did you hear about volunteer work with Crohn's & Colitis Australia™?

.....

Previous / current voluntary work:

.....

Current / previous employment experience:

.....

Qualifications/skills:

.....

Interests and hobbies:

Languages spoken:

AVAILABILITY: - Please tick to indicate your preference.

Monday Tuesday Wednesday Thursday Friday

Weekly Fortnight Monthly W'Ends Events

TIMES: AM PM

Total time per week I am able to assist is: _____ hours/ _____ days

Have you any disabilities that may affect the work you do as a volunteer? YES/NO

If so, please list:.....

Are you on any kind of compensation or sick leave?.....YES/NO

If yes, please state the details:.....

Have you ever been convicted of any offence:YES/NO

If yes, please state the details:.....

AREAS OF WORK:

Please tick the boxes below to indicate the areas of work you may be interested in helping with:

- | | |
|---|--|
| <input type="checkbox"/> Office based administration work | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Awareness | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Events | <input type="checkbox"/> Telephone Support |

Do you hold a current Australian drivers licence? YES / NO
Do you have your own transport? YES / NO

REFERENCE 1: Professional

REFERENCE 2: Personal

Name:.....
Title/Position:.....
Address:
Telephone:

NEXT OF KIN/PERSON TO NOTIFY IN THE EVENT OF AN ACCIDENT:

Name

Daytime/Evening Contact No: Mobile:.....

Any special requirements/comments:

I agree to comply with the policies of Crohn's & Colitis Australia™ (CCA).
I agree that both during and after my volunteer work with CCA I will hold and keep confidential all information that comes into my knowledge or possession regarding all activities of the Association. I agree to protect the privacy of those to whom the information relates, and will not discuss or divulge personal information at any time or to any person, unless as a necessary part of my work with CCA. I give an undertaking that I will observe this confidentiality at all times. I agree to undergo a Police Check and a Working With Children Check when requested.

Signature: **Date:**

Please complete and return to:

Crohn's & Colitis Australia™
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