



North & West Melbourne Neighbourhood Centre

A welcoming space for all to connect, learn and share

OFFICE USE ONLY				
Receipt No				
Term	1	2	3	4
Wise.Net (Entered date)				
Register No.				
Concession		YES Copy Attached	NO	

VOLUNTEER Registration Form for The Centre's Volunteers

Title (Please Tick One Box Only)

Mr Miss Mrs Ms Other

First name

Last name: (family name or surname)

Middle Name:

Preferred Name:

Medicare Card Number:

Expiry date:

Please tick the box which best describes you

Are you Aboriginal?

Are you a Torres Strait Islander?

Are you Aboriginal and a Torres Strait Islander?

No, I am Neither

Country of Birth:

Australia Other Country- please specify

Nationality

Date of Birth: (DD/MM/YYYY)

International Volunteers

Gender: (Please Tick One Box Only)

Non-Australian Passport (with Australian Visa)

Male Female Non-binary Other

Passport number:

Country of issue:

Visa Number:

Contact Details

Home (Tel):

Work (Tel):

Mobile:

Email:

Current residential address

Flat/Unit No. Street No.

Street Name

Suburb Postcode

Postal address (leave blank if same as above)

Flat/Unit No Street No

Street Name

Suburb Postcode

Special Requirements

Do you have any medical conditions we should know about?

Food Allergies / Restrictions

I consent to The Centre seeking medical assistance if required?

Yes No

Police Check:

Working with Children Check:

Working with Children Reg No:

Working with Children Reg Expiry:

Availability

Disability

Do you consider yourself to have a disability, impairment, or long-term condition?

Yes No

If yes, please indicate the area/s of disability, impairment or long-term condition.

Hearing / Deaf

Physical

Intellectual

Learning

Mental illness

Acquired Brain Impairment

Vision

Medical Condition

Other

Demographic – Mandatory information for funding agency reporting

All questions must be answered by The Centre Participants

Employment

Which of the following best describes your current employment status?

Full-time employee

Part-time employee

Self-employed (not employing others)

Employer

Employed – unpaid worker in a family business

Unemployed – seeking full-time work

Unemployed – seeking part-time work

Not employed – not seeking employment

(including retired and under 16 years of age)

Emergency Contact Name:

Relationship to Applicant:

Contact Phone Number:

Address: (leave blank if same as Participant's address)

Street

Suburb

Postcode

Volunteer Area of Interest

Event Planning/Promotion

Event Delivery

Administration

Reception

Homework Club Tutor

Finance

News

Newspaper Delivery

Community Development

Social Media Management

Other (please specify)

The Centre is an Incorporated Association and a Registered Charity. Being a member of the association is free. Persons who register to participate in Centre programs and activities are taken to apply for membership of The Centre, unless they opt out. Please tick the box below if you do not wish to become a member of The Centre: Connecting Community in North & West Melbourne.

DECLARATION

Agreement and Contract

- (1) The Applicant agrees to be bound by The Centre (hereafter called the provider) rules and regulations in force from time to time, and otherwise to follow acceptable codes of behaviour and attendance and show concern for other participants.
- (2) I understand that The Centre is required to submit data sourced from this form to the Department of Health and Human Services and the City of Melbourne as a regulatory reporting requirement. The information contained on my form may be used by The Centre for funding, administrative, regulatory and/or research purposes.

I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

I grant permission / I do not grant permission to The Centre, its employees and agents, to take and use visual/audio images of myself. I release The Centre, its employees and agents, including any firm authorised to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection of the images or printed material used with the images. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I agree to abide by the code of conduct.

Name:

Date:

Signature: