

Eastern Goldfields Community Centre Volunteer Application Form

APPLICANT DETAILS					
First Name:					
Surname:					
Date of Birth:	/	/			
Address:					
Phone:	Home:		Mobile:		
Email:					
Driver's Licence:	Number:		Class:		Expiry: / /

EMERGENCY CONTACT DETAILS					
First Name:					
Surname:					
Relationship:					
Phone:	Home:		Mobile:		

REFEREE DETAILS	
First Name:	
Surname:	
Phone:	

WHAT AREAS ARE YOU INTERESTED IN VOLUNTEERING?	
<input type="checkbox"/> Kitchen Assistance	<input type="checkbox"/> Social Club Assistance

WHAT IS YOUR AVAILABILITY?	
Days:	
Times:	

VOLUNTEER AGREEMENT

I understand that as a volunteer I assume certain responsibilities and am subject to the City of Kalgoorlie-Boulder Code of Conduct and Volunteer Handbook. I am aware of maintaining confidentiality in all matters concerning my work at the Eastern Goldfields Community Centre.

Applicant Name:			
Applicant Signature:		Date:	/ /
EGCC Staff Name:			
EGCC Staff Signature:		Date:	/ /