

Chelsea Community Support Services Inc 1A Chelsea Road, Chelsea Vic 3196



APPLICATION FORM FOR VOLUNTARY WO	RK	
SURNAME: (Mr/Mrs/Miss/Ms)		
FIRST NAME:		-
PREFER TO BE CALLED:		
ADDRESS:		-
TELEPHONE: HOME	_ MOBILE	
EMAIL:		
PRESENT OCCUPATION:		
PREVIOUS OCCUPATIONS:		
Please write about any relevant work expen	rience (paid or unpaid work) you may	y have:





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What skills or qualifications do you have? (E.g. skills in office work, languages, computers etc.)

Do you have any previous experience in the Human Services or Welfare fields?

Yes No

If yes to previous question please supply brief details of this experience

Have you worked in a voluntary capacity as part of a team before?

Yes No

What do you see are the most important elements of a good cohesive team?

AVAILABILITY: The successful operation of the agency depends upon the reliability of its voluntary workers, who are prepared to undertake to work on a regular weekly duty roster.

Can you undertake a regular weekly roster? Yes No

Day:





PLEASE WRITE ABOUT WHY YOU ARE INTERESTED IN WORKING AT THE COMMUNITY SUPPORT SERVICES AND HOW YOU BELIEVE YOU CAN CONTRIBUTE TO THE EXISTING TEAM AND THE AGENCY OVERALL.

Please sign below if you are willing to agree to the following conditions:

YOUR APPLICATION WILL BE FOLLOWED BY A SELECTION INTERVIEW.

- You will be required to undergo a Police Check, paid for by ChelCSS.
- You will complete a probationary period.
- You will be supervised by a mentor.
- Upon successful completion of your orientation period, you will be required to undertake a course approved by Community Information and Support Victoria Inc. This will incur a fee.
- A regular roster time will be negotiated with you.
- You are required to attend on-going Professional Development and Skills training sessions organised by the Agency.
- You are required to work within Agency Policies Procedures.









• You are required to abide by the Code of Ethics and the rules of the agency, which is an incorporated association.

REFERENCES

Please give details of two people we can apply to for references.

EMERGENCY CONTACTS

For workplace safety and your own, please supply name, relationship, address and telephone number of people to contact in case of emergency.

APPLICATION FORM SECURITY

I give permission for my application to be kept on file for 4 months. I understand this form will be securely destroyed if a vacancy does not arise within that time. Yes / No (Please Circle)

Signed:	Date
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