



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



APPLICATION FORM FOR VOLUNTARY WORK

SURNAME: (Mr/Mrs/Miss/Ms) \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PREFER TO BE CALLED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ P/C: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRESENT OCCUPATION: \_\_\_\_\_

PREVIOUS OCCUPATIONS: \_\_\_\_\_

Please write about any relevant work experience (paid or unpaid work) you may have:

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

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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

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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?

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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: .....





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- 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.

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#### EMERGENCY CONTACTS

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

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#### 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 \_\_\_\_\_