



Application for Prospective Volunteers



Please address Applications to: **Coordinator of Volunteers**
Frankston Community Support and Information Centre
68 Playne Street
FRANKSTON 3199

Frankston Community Support and Information Centre www.frankston.net
Phone: 9768 1600 **Fax:** 9781 4780 **Email:** fcsic@frankston.net

ABN — 95 426 151 625 Registered Incorporation Number — A 0000431J (Associations Incorporation Act 1981)
Deductible Gift Recipient and Income Tax Exempt charity entity (Income Tax Assessment Act 1997)

FRANKSTON COMMUNITY SUPPORT & INFORMATION CENTRE

VOLUNTEER APPLICATION

Your Information and The Privacy Act

Frankston Community Support and Information Centre Incorporated (FCSIC) respect and acknowledge the privacy of individuals. The information we are seeking is for the purposes of providing services or to carry out our functions. Under the provisions of the Privacy Act the information being collected by FCSIC will be held securely and no information will be passed on to any other person or entity without your written consent. You have a right of access to, and alteration of, incorrect personal information concerning yourself in accordance with the Privacy Act.

Family Name: _____

Given Name: _____

Title: _____

Address: _____

Suburb: _____

Postcode: _____

Most convenient contact times: _____

Contact details: Home: _____

Work: _____

Email address: _____

Mobile: _____

Age group (please circle): 18—25 26—35 36—49 50—65 Over 65

Language/s you speak: _____

1. Job roles at the Centre which interest you: (Please tick as many as you like).

COMMUNITY WORKER (Interviewer)	INFORMATION (Information Officer)	DATA ENTRY (Statistics Update)	ADMINISTRATION (Reception)	INFORMATION TECHNOLOGY
* Must complete 'Community Worker Information Certificate' Course and 3 months probation if interviewing clients.	Check & update other organisation details, research & order brochures, photocopy & send out information.	* Keyboard skills needed. Enter handwritten data into computer, help maintain databases, etc.	* Good communication skills needed. Answer telephone, greet clients, provide information	Maintain network, databases, website or. Centre computers. Rebuild or maintain computers and software.

2. What has prompted your interest in becoming a volunteer at the Centre?

3. How did you hear about volunteering at the Centre (Please tick one or more):

- Newspaper article Frankston City Council Friend
 FCSIC website Volunteering website Other: (Please specify)

4. Do you have previous volunteering experience?

Organisation	Type of Work Performed

5. Employment History:

Company Name	Type of Work Performed

6. Do you have any skills, qualifications or experience which you think could be useful to the Centre? (Please list or attach Resume):

7. Do you have other interests or hobbies?

8. Please describe what you think are some of the main difficulties (eg. hardships) faced by people in the Frankston area:

9. Are there any social issues about which you have strong feelings?:(Eg. child abuse, abortion, AIDS, drug and alcohol abuse, homeless youth, gambling addiction, unemployment)

10. Give a brief description of the work undertaken by the Frankston Community Support and Information Centre:

11. How much time per week do you have available to contribute as a volunteer?
(Please tick)

- 4 hours** (one shift) **8 hours** (two shifts or full day)
- Other:** (Please specify)

12. Please tick which days you are available:

MONDAY	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>
TUESDAY	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>
WEDNESDAY	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>
THURSDAY	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>
FRIDAY	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>

13. Is there any reason you would be restricted in some areas of volunteer work
(eg. Health condition, poor eyesight etc?)

14. Referees:

Please provide names and telephone numbers of at least two people you have worked with who can be contacted for business references.

Name	Telephone Contact Number
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<hr/>	<hr/>

Signature of Applicant: _____

Date: _____