



VOLUNTEER APPLICATION FORM

Personal / contact details:	
Date	/ /
Name	
Address	
Phone 1	
Phone 2	
Email address	
Preferred method of contact	
Current occupation / study	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u> <input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u>
Emergency Contact Details:	
Name:	
Relationship to you:	
Phone 1:	Phone 2:
Date of Birth	

Referees. Please provide the name and contact details of at least two referees:

Name:

Phone:

Phone2:

Relationship to you:

Name:

Phone:

Phone2:

Relationship to you:

Name:

Phone:

Phone2:

Relationship to you:

Experience and qualifications. Please provide details of experience relevant to this role

Please tick any of these skill areas if they relate to you:

- I have experienced suicidality (suicidal thoughts/attempts) myself
- I am a carer for someone with a mental health issue
- I have lost a someone to suicide
- I am a community minded professional wanting to volunteer my skills
- I want to reduce rates of rural suicide, however I have no personal/professional experience in the area

Please add any information you believe is relevant to your experience

Why are you interested in becoming CCP volunteer?

Please indicate your availabilities in the space below

Where did you hear about this project?

Privacy statement:

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work with the Connected Communities Project. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers

by name. This information may be shared with our partner organisations and funding bodies.

By signing this form I attest that the information supplied is true and accurate.

I understand that submitting this application form does not automatically register me a volunteer but that there is a selection process including completion of a satisfactory Working With Children Check and participation in training.

Signature:

Name:

Date:

Please complete the Working With Children Check online, which is free for volunteers, and attach the report findings to this application. Link: <http://www.kids.nsw.gov.au/Working-with-children/New-Working-with-Children-Check>