

Volunteer

Gender Centre Inc. Volunteer Program

Thank you for your interest in volunteering with the Gender Centre

Volunteers play a vital role in supporting the work of The Gender Centre. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name:	
Postal Address:	
Telephone: (Home)	
(Mobile)	
E-Mail:	
If you are involved with us as a volunteer and an e	mergency arises, whom should we contact?
Name:	
Relationship:	_
Telephone: (Home)	
(Mobile)	-

Your Skills and Interests

 Have you ever answered yes, 	done any volun please tell us a	•		Yes [] No □ If you
2. Why do you w	ant to volunteer	now? What ha	as motivated you	to get in touch	with us?
3. Do you have a	ny skills or qual	ities that you o	ould use in your	voluntary work	?
4. What kind of v (See 'Categories	=	terests you?			
☐ Project Base☐ Internship☐ Other	d Volunteering				

	Monday	Tuesday	Wednesday	Thursday	Friday		
Morning	_	_		_			
Afternoon	1						
Evening							
demand a	a minimum tir	nd to voluntee		(not	e that some		
Refere	<u>nces</u>						
1. Name			Rel	Relationship:			
			I\GI	adononip.			
Place of Work:							
(If applicabl							
Telephone: (Home)		(Mobile)					
E-Mail:							
2. Name:			Rel	ationship:			
Place of Wo	ork:			_Position:			
	-\		_				
(If applicabl	e)						

E-Mail: _____

Is there any additional information you would	l like to bring to our attention?	
I declare that the information I have provided the ethos of The Gender Centre Inc.	d is true. All my actions as a volunteer will	reflect
Signed	Date	

If you have any queries when completing this application form, please phone the office on 95692366 or e-mail reception@gendercentre.org.au