



**Celebrating Abilities Inc - Melbourne**  
Endorsement as a deductible gift recipient

**ABN 36 836 762 597**

Provision for gift deductibility

Location: 106 Leicester St, Fitzroy 3065

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Collingwood VIC 3066

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Mob: 0412 526 383

[www.celebratingabilities.org.au](http://www.celebratingabilities.org.au)

We are located just off Brunswick street

Email: [margie@celebratingabilities.org.au](mailto:margie@celebratingabilities.org.au)

## Volunteer Application Form

Full name	
Address	
Telephone	
Email:	
Gender (circle)	Male                      Female
Date of birth	
Today's date:	

We are always on the lookout for enthusiastic people to join our team. Volunteering can be done on an ongoing or one-off basis. Volunteers will need to be actively involved not observing. Please arrive 15m before allocated time for instructions on how you may help with the sessions and to familiarize area you are volunteering in. All volunteers must fill in the volunteer forms and disclaimer below.

Please select the area you wish to volunteer in as there are many volunteering opportunities available including

- Assisting with engaging people in this program
- Assisting with research
- Event coordination and management
- Fundraising
- Marketing and communications projects
- Work placements for Occupational Therapists and or personal trainers (conditions apply)
- Cleaning assistance and maintenance of studio
- spotters for our circus activities (conditions apply)

- If lunch food is served after activities then all food must be on padded mats on the floor. (OH&S)
- Paperwork and filing
- working with children classes, private sessions

Requirements:

- If working with children from 0 – 18yrs a Working with Children Check will be required. If you have we will need to site and take a photocopy. If you don't have one and like to work as a volunteer with us supporting the kids on the programs you will need to acquire. Details are here > [www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au)
- All Volunteers & staff require a Police Check. If you have a current one within the last 2 years we need to view or you can apply here <https://cvcheck.com/police-check-victoria>
- First Aid Level 2 is required. Just google online to find the nearest place near you. If you have first Aid Level 2 can you let us know, take a photo of your card.

Please tell us why do you want to volunteer for us?

Please tell us what you hope to gain from your experience with us?

Please tell us about any educational background, work or volunteering experience that would be relevant to volunteering for us.

If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?

When are you available to volunteer? (Please specify days, times and the length of commitment you would like to make)

References: Please supply us with the names of two referees (non-relatives)

1. Name: \_\_\_\_\_

Role: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Role: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Medical Information

Celebrating Abilities has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs. Please comment on the impact of the following on work to be performed by you:

Do you have an existing medical disability/condition/Injury: Yes / No

If yes, please provide details.

Do you take any medication that may affect your work? Yes / No

If yes, please provide details:

## Declaration

Please read each statement to acknowledge your acceptance of each point (below) then sign and date below.

I am applying for volunteer work with Celebrating Abilities Inc Melbourne

I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.

I declare that the information contained in this application is true and correct.

I understand that I may be required to participate in an interview and selection process, undertake a reference and background check

I understand that I will be required to undertake induction and/or service/program training prior to my commencement

Signature \_\_\_\_\_ date \_\_\_\_\_

## Privacy Statement

Your privacy is our priority. Celebrating abilities abides by the National Privacy Principles in all its dealings with members, volunteers and the public. The personal information you have provided will help us process you as a valued volunteer with our organisation and will be treated as confidential.

We may also use your information in combined form for research purposes - in such cases individual names will not be identified. Your opinions are valuable to ensure we continue to attract volunteers and understand their needs. From time to time you may be invited to participate in research projects to assist Red Cross in keeping volunteering alive. Participation in these projects is optional and your personal details will not be given to any external organisation without your permission

Do you have any special needs or anything you would like to share with us?

Any other comments:

Please return to:  
Celebrating abilities in Melbourne [margie@celebratingabilities.org.au](mailto:margie@celebratingabilities.org.au)