

## Zoe Support Australia Volunteer Form

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Emergency Contact (Name & Number): \_\_\_\_\_

### To be supplied to Zoe Support Australia:

**Working With Children Check Card**

Please list Zoe Support Australia as a volunteer organisation on your WWCC online portal or written application.

(not applicable for student placement and volunteers 17 years or younger)

**Nationally Coordinated Criminal History Check**

(not applicable for student placement and volunteers 17 years or younger)

### To be supplied to MRCC Family Day Care:

**Zoe Support/Family Day Care Worker/Volunteer/Student Placement Information**

If you would like to volunteer with our childcare team, please complete the attached MRCC form and call 03 5018 8272 to organise a time to drop it off to the Family Day Care administration offices.

### I have received the following Zoe Support Australia policies and procedures:

**Staff & Volunteer Induction Manual**

**Volunteer Management Policy**

**Code of Conduct**

**Commitment to Child Safety Policy**

**Privacy Policy**

**I have been shown where to find hard copies of all Zoe Support Australia policies and procedures**

### Photo Consent:

By ticking this box, I grant Zoe Support Australia (or a delegated provider), it's representatives and employees the right to take photographs of me in connection with Zoe Support Australia programs and activities. I agree that Zoe

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In which area would you like to volunteer?

- Childcare
- Little Sprouts Op Shop & Café
- Transport
- Maintenance
- Tutoring
- Student Placement
- Board Director

Please list any training, qualifications or previous work/volunteer experience you have which may be relevant to your volunteering with Zoe Support Australia.

---

---

---

---

---

---

---

---

---

---

Which days and hours are you available to volunteer?

---

---

---

---

Please list any medical conditions (injuries, allergies etc).

---

---

---

Please provide two referees.

Name	
Phone	
Email	
Relationship to Volunteer	
Name	
Phone	
Email	
Relationship to Volunteer	

I certify that the information provided in this document is true and correct.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_