

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 Support Australia may use such photographs of me with or without my name and for any lawful purpose, including publicity, illustration, advertising and web content.

Signed: _____ Date: _____

In which area would you like to volunteer?

- ☐ **Childcare**
- ☐ **Transport**
- ☐ **Maintenance & Gardening**
- ☐ **Programs**
- ☐ **Playgroup**
- ☐ **Tutoring**
- ☐ **Donations & Resources**
- ☐ **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:
