



**VOLUNTEER /STUDENT APPLICATION FORM**

***To be completed by each volunteer/student (or parent/guardian if volunteer/student is under 18 years)***

**Date** \_\_\_\_\_

**Volunteer Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth (must be over 16 years old) \_\_\_\_\_ Age \_\_\_\_\_

Ph. Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Medical conditions (if any)

\_\_\_\_\_

Emergency contact person/s and their phone number

\_\_\_\_\_

**Frankston City Council offers it's thanks to you for offering your services as a volunteer.**

**Why would you like to be a volunteer with the Frankston Youth Resource Centre?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**What areas/ programs of the Frankston Youth Resource Centre are you interested in volunteering?**

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**For how long can you commit your time (eg 6-12 months)**

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**How many hours per week would you like to do?**

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**Are there any days you cannot do? If so, which days?**

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**What skills/strengths do you have that may assist in your volunteer role?**

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**What are your expectations and goals in volunteering at the Frankston Youth Resource Centre**

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**Drivers licence no.** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Are you willing to have a police check?** \_\_\_\_\_

**Please attach your resume to this application, include education and employment history, and the names of 2 referees. (Referees can be personal, work related or educationally related)**

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**Volunteer signature**

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**Date**

**Parent/Guardian signature required if volunteer/student is under 18 Years**

**Name of Parent/Guardian** \_\_\_\_\_

**Relationship to young person** \_\_\_\_\_

I \_\_\_\_\_ **being the parent/guardian of**

\_\_\_\_\_ **give my full consent to** \_\_\_\_\_

**being a volunteer/student at the Youth resource Centre and having the above details recorded by the Youth Resource Centre.**

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**

The information the Youth Resource Centre is collecting from you on this form will be used to assess your eligibility to join the activity/ group/ camp/ program/ committee/ identified in the form. This information will only be used by the Youth Resource Centre for that primary purpose or directly related purposes and will not be disclosed without your consent. It may be disclosed as required or permitted by law. You may apply to the Frankston City Council for access and/ or amendment of the information by contacting the privacy officer at Frankston City Council on 9784 1888.