



Ballarat Regional Multicultural Council Inc. (BRMC)
 ABN 24 776 744 519
 Postal Address : P O Box 1418 Bakery Hill, Vic. 3354
 Golden Point Learning & Cultural Environment
 102 English Street, Golden Point Vic. 3350
 Phone: 03-5332-5941 Fax: 03-5332-5944
 Email: admin@brmc.org.au

Application Form

PERSONAL INFORMATION				
Surname		Given Name		Gender M F
Birthdate		City of Birth		Country of Birth
Current Residential Address				Post Code
Email				
Phone		Mobile		
Passport Number :		Place of Issue :		
Drivers Licence Number		State/Territory of Issue		
Previous or alternative Names: <i>(In this section, write all names by which you are or have been formerly known, including your maiden name. If you have more than one such name, attached a separate list.)</i>				
Family Name		Given Names :		
Type of Previous Name (Maiden, Alias or Previous)				
Previous addresses within the last five years: <i>If full details of previous addresses are unavailable, details of towns and states of residence will suffice.</i>				
1.				Postcode
2.				Postcode
Position /Role Applied For:		Job Title		Position (Circle)
		Organisation		Paid Volunteer
Languages Spoken				
Contact Person in case of Emergency		Name :		Relationship:
		Address:		Phone :
Current Employer				

Personal Reference	Name :		Company/Org:					
	Mobile :		Email:					
	Name :		Company/Org:					
	Email:		Phone:					
Previous Volunteering Experience								
Interest and Hobbies								
Trainings/Certificate								
Reason for Volunteering / Goals								
Availability	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
How did you hear about us?	Working With Children check*			First Aid Training*		Other:		
	Yes No			Yes No				

VOLUNTEER AGREEMENT FORM

1. I agree to perform my duties the best to my ability and accept that I am not expected to work outside of these guidelines
2. I agree, as far as possible, to make a commitment of three months to the _____ program.
3. I understand that I need to contact the Program Coordinator as soon as I know I am able unable to work on a particular day.
4. I realize that my ideas and experiences are important in the area in which I volunteer and for the further development of the volunteer program.
5. I understand that should an accident occur while in my capacity as a volunteer at BRMC, I am covered by insurance.
6. I agree to abide by the established rules in respect to "Confidentiality"
7. I have read and understand my "Rights and Responsibilities" as a volunteer at BRMC.
8. I will notify the Program Coordinator of my resignation.
9. If, on either side, there is dissatisfaction, this Agreement can be terminated after consultation with both parties.

Volunteer's Signature : _____

Coordinator's Signature : _____

Date : _____