CCH Volunteer Registration Form



Name:					
Phone:					
Email:					
Address:					
Date of Birth:					
Preferred me	thod of communicati	on: Phone/SM	S: Email	:	
Emergency C	ontact Details:				
	ame	Phone:	Relat	onship:	
 2. 					
-	ny medical issues or illr pilepsy, diabetes, allerg		emergency persona	l in case of emergency?	
What is your a	availability? Day/s:			Hours:	
Please let us k Police Check:	know if you have any Working with Ch		s: (certificates musi id Training:	be sighted by Community Food Handling:	House staff,
Any other rele	evant qualifications:				
Relevant Skills	5?				
Are you comp	outer literate? (please	select options below)			
Word:	Excel:	PowerPoint:	Outlook:	Other:	
Languages oth	ner than English?				
How did you h	near about us?				
Would you like	e to subscribe to our	e-newsletter?	Yes: No:		
	ermission to CCH to tartising/promotion, su			notos of yourself for the No:	purpose of

Name:	Phone:	Relationship:				
1.						
2.						
Please read the following Statemen volunteers, contractors, students, r		maine community house works with, and expect all staff, low:				
	Statement of	of Values				
1. Respect: We value the inherent dignity & equality of all people regardless of circumstances.						
2. Justice: We value the equality	of opportunity, social inc	clusion & consistency of outcome for all.				
3. Commitment: We value of res	ponsibility to the commu	unity $\&$ the environment in line with our Mission and Vision.				
4. Integrity: We value consistent	y between word and dee	ed.				
5. Accountability: We value the	acceptance of personal re	esponsibility.				
6. Co-operation: We value worki	ng together will all comn	nunities to meet community needs.				
- Complete a Police Check (<i>Recep</i> - Hold a current or apply for a Wo	otion Volunteers). Orking with Children card					
contacts. (Community Lunch Volu		ngower Prison, for cross-checking with prison				
Please sign below to indicate	your agreeance to:					
- A Police Check (if required)						
- Apply for a Working with Childı						
- Sharing of details with Tarrengo	` '					
 Be guided at all times whilst at Community House / representing Community House by out Statement of Values 						
- Authorise CCH staff to seek me	- Authorise CCH staff to seek medical, hospital or ambulance care for myself in the event of an emergency.					
The information you provide we disclosed without your consent.		l & will not be sold, reused, rented, loaned of otherwise				
Signature:		Date:				
Thank you for gene	rously volunteering you	u time with Castlemaine Community House!				

Working with Children Check:

OFFICE USE ONLY: Police Check:

Tarrengower Notified:

Social Planet: