

# Sunbury Neighbourhood Kitchen Inc.

A.B.N. 26 593 371 102 P.O. Box 2225 Sunbury Vic. 3429

## Volunteer Application

Return to Box 2225 Sunbury 3429

### Volunteer's Contact Details:

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Preferred method of contact:

Mobile & SMS [  ]      Email [  ]      Facebook [  ]

Do you use Facebook? :    Yes / No

Can you provide a personal reference from a similar volunteer position that you have held in the past 2 years? Yes / No

### Emergency Contact Details

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

Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Working with Children Check [  ] Yes [  ] No [  ] Sighted Card No: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Police Check [  ] Yes [  ] No [  ] Sighted Card No: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

**For all roles you will be required to obtain a WWCC. It is free for volunteers.**

Ambulance Subscription    Yes [  ]      No [  ]

\*In the case of an emergency, an ambulance will be contacted and the associated expense is the responsibility of the individual staff / volunteer. Everyone is encouraged to have an ambulance subscription.

### Medical Conditions

Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks? If so, please detail:

\_\_\_\_\_

\_\_\_\_\_

Note: All medical and personal information will be treated as confidential.

Have you had any insurance claims through Workcover in the last five years: Yes [  ] No [  ]

## Permission to Use Photographs & Video

I \_\_\_\_\_, agree for Sunbury Neighbourhood Kitchen Inc. To take, use, & distribute photographs, in order to promote volunteering or the organization.

I allow such use.

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

## Types of Duties

What are your preferred duties that you would be interested in volunteering?

	Eating Hall Set up & Pack up
	Dishwashing & Drying
	Food Preparation
	Food Serving
	Cooking
	Eating Hall Supervision
	Team Communication & Newsletter
	Emergency Standby
	Food Pickups & Transportation
	Meeting & Greeting
	First Aid Attendance

What days and times would you like to volunteer?

	Monday	Thursday
AM		
PM		

Please indicate the skills, knowledge and or experience you bring to this role:

---

---

---

Please attach:

- Copy of Photo ID (could be driver's license or student id, must have photo and current address)
- Copy of current Working With Children Check / Police check

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

Please Note:

- Once your Volunteer Application has been submitted, we will process the form and place you onto our Volunteer Availability List. We will contact you when we have a rostered position for you.
- All details submitted will be kept confidential.

Office Use Only

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

Authorized by: \_\_\_\_\_

- Code of Conduct signed:
- Orientation completed
- Induction completed
- Entered into database

Additional comments:

Please return your registration to:

**Sunbury Neighbourhood Kitchen Inc.**

**Attn: Secretary**

**P.O. Box 2225**

**Sunbury, Vic., 3429.**

When applying for your WWC please make sure you add the above address to your form.

If you already have a current WWC please go to the site and add SNK as a volunteer organization and add our postal address as well please.