



Expression of Interest To become a volunteer

Name (Mr/Ms/Mrs/Miss): _____

Day contact #: _____

After hours contact #: _____

Address: _____

Postcode: _____

Email: _____

Have you been referred by any agency to volunteer? (e.g. Mission Australia, Centrelink, etc.) YES NO

If yes, please name the referring agency: _____

If no, why do you want to volunteer with the Maryborough Neighbourhood Centre? _____

Do you have any criminal history? YES NO

If yes, please provide details: _____

It is the centre's policy that all staff and volunteers must have or be able to obtain a Positive Notice Blue Card (Working with Children). Are you able to obtain a Positive Notice Blue Card?

YES NO

Are you fully vaccinated against Covid-19?

YES NO

If a volunteer position is available within the centre, which area are you interested in volunteering?

- Reception/Office support (limited vacancy)
- Coffee Shop/Kitchen hand
- Tutoring (ACEP Literacy & Numeracy)
- Maintenance (gardening, cleaning, function rooms set-up etc.)
- Youth Network Program

THANK YOU FOR EXPRESSING YOUR INTEREST IN VOLUNTEERING WITH THE MARYBOROUGH NEIGHBOURHOOD CENTRE. This application will be submitted to the Centre Manager for further review and we will be in touch if any vacancy is available.

Privacy disclaimer: All personal information collected by the Maryborough Neighbourhood Centre is protected by the Privacy Amendment (Private Sector) Act 2000. The Maryborough Neighbourhood Centre is committed in protecting the privacy of personal information disclosed to us. The centre collects personal information in order to properly and efficiently carry out its functions and only uses personal information for the purposes for which it was given to us and for directly related purposes. However, be advised that your personal information may be disclosed to the Chief Executive Officer of the Queensland Government, Department of Communities, which is our main funding body, for the purposes of ensuring that the Maryborough Neighbourhood Centre is providing quality service that meets certain standards.

Office use only:

Staff name receiving application: _____

Date: _____

Centre Manager's signature: _____

Date: _____