



Volunteering Central West

Volunteer Job Registration

PLEASE PRINT

Program name: _____

Organisation name: _____

Organisation type: _____
E.g. arts, education, sports, etc.

The volunteer job

Volunteer job title: _____

Brief volunteer job description: _____

Skills required: _____

Is the volunteer job on-going or one-off? Ongoing One-off

Location of the volunteer job: _____

Postcode of the volunteer job: _____

Volunteer job requirements

Minimum age (if applicable): _____

Maximum age (if applicable): _____

Number of volunteer positions available for this job: _____

Min hours required per shift: _____ Shifts required: _____

Eg. Daily, weekly, monthly

Volunteer preferred on which day or days:

- | | | | |
|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday | |

Volunteer required morning, afternoon or evening (please specify hours if necessary):

Volunteer coordinator/supervisor

Contact name: _____

Phone number: _____

Fax number: _____

Email address: _____

What volunteers should expect

Please indicate if you will require volunteers to submit to any of following:
(Note that the conduct of checks remains the responsibility of your organisation.)

Reference:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Police:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Working with Children:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please add any further comments or information: _____

May we include this volunteer job in free media advertising & the Govolunteer website ? Yes No

When a volunteer vacancy is filled and you wish volunteer referrals to cease, it is important that you advise Volunteering Central West so that we may withdraw the volunteer job from our options list and cease referrals. Until such advice is received, we will continue to refer prospective volunteers to your organisation.

Authorizing/contact person signature

***Thank you for completing this form,
please return it to:***

Volunteering Central West
PO Box 1469
Bathurst NSW 2795

Or
Email: lisa@binc.org.au

fax 6332 1244