



LOCKYER INFORMATION & NEIGHBOURHOOD CENTRE Inc. trading as:

LOCKYER COMMUNITY CENTRE

Volunteer / Staff Registration Form

SURNAME.....FIRST NAME.....

Address.....

.....Post Code.....

Contact No.....D.O.B.....

Email contact

Type of Transport.....

Date of availability for commencement.....

Days Available:	MON	TUE	WED	THUR	FRI
Start time	_____	_____	_____	_____	_____
Finish time	_____	_____	_____	_____	_____

Drivers Licence Yes / No Blue Card Yes / No provide details & copy

First Aid Yes / No Qld Police Check Yes / No provide details & copy

What attracted you to working at Lockyer Community Centre ?
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What do you hope to gain from working at Lockyer Community Centre?
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What do you think you can bring to LCC ie; please details your strengths, skills, experience:
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Please provide a brief outline of past / present work experience, qualifications, skills etc:

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EMERGENCY CONTACT DETAILS

SURNAME.....FIRST NAME.....

CONTACT NUMBER.....

MEDICAL INFORMATION

Please provide any vital medical details required to assist / support you and what actions are needed in the event of an occurrence. Example: Epilepsy, Allergies etc.

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I acknowledge this work is undertaken of my own free will, there is no financial payment (which does not preclude reimbursement of out-of-pocket expenses) and my contribution to the workplace will be of benefit to the community and self improvement.

SIGNATURE.....DATE.....

Management Committee accepted / rejected application Date

Name of one Management Committee member

Signature of Management Committee member

Date applicant contacted advising of outcome

If applicable commencement date of application