LOCKYER INFORMATION & NEIGHBOURHOOD CENTRE Inc. trading as:

LOCKYER COMMUNITY CENTRE

Volunteer / Management Committee / 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.

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.

I agree to transfer all intellectual property rights and interests (including copyright) in any ideas or materials I create relating to provision of voluntary services at Lockyer Community Centre. I consent to the use by Lockyer Community Centre of such creations in a manner reasonably contemplated by the voluntary services provided under this document. As a volunteer I also agree not to bring any claim for infringement of my moral rights in respect of that use.

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 …………………………………………………