

## VOLUNTEER APPLICATION

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

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

Gender:  Male  Female Country of Birth \_\_\_\_\_

Date of birth (dd/mm/yy Required for Mercy Works to verify Working with Children Check) \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

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

Driver's Licence:  Yes  No Own Car:  Yes  No

First Language: \_\_\_\_\_

Other Languages (please indicate fluency):

1. \_\_\_\_\_  Excellent  Average  Basic

2. \_\_\_\_\_  Excellent  Average  Basic

Are you currently:

Studying  Retired  Unemployed  Home Duties  Employed Part-time

List current employer and position (if any):

\_\_\_\_\_

*Please note that the nature of this volunteer role means that previous experience working in an education setting is an advantage.*

Previous positions held:

Education (indicate qualifications and institutions):

Previous volunteer experience (if any). Give details of previous volunteer position, organisation and length of time you were there:

Do you have a health/medical condition that could affect your role as a Mercy Connect volunteer?

No  Yes (if yes, please give details) \_\_\_\_\_

Do you currently possess a Working with Children Clearance (WWCC) / VIC Inst. of Teaching Card?

Yes  No

Do you currently possess a National Police Clearance?

Yes  No

The time commitment required is a *minimum* 3 hours per week during school time for 1 school year. Please indicate the day and time you are available.

Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_

*NB: You will also need to be available to attend approximately one meeting per school term.*

Why would you like to volunteer with the Mercy Works' Mercy Connect Project?

What are the skills and attributes you can bring to this volunteering position?

Provide the names of two referees (preferably professional):

Name Referee 1: \_\_\_\_\_

Name Referee 2: \_\_\_\_\_

Organisation: \_\_\_\_\_

Organisation: \_\_\_\_\_

Role in Organisation: \_\_\_\_\_

Role in Organisation: \_\_\_\_\_

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

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

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

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

How did you learn about this position? \_\_\_\_\_

**Please email or post to the contact in your state:**

**BALLARAT**

*Mercy Connect Coordinator*  
PO Box 1455  
Ballarat MC VIC 3354  
Ph: 0417 624 330  
E: mercyconnectb@gmail.com

**MELBOURNE**

*Mercy Connect Coordinator*  
PO BOX 221  
Moonee Ponds VIC 3039  
Ph: 03 9326 1895  
E: somml@bigpond.com

**SYDNEY**

*Mercy Connect Coordinator*  
PO Box 2023  
North Parramatta NSW 1750  
Ph: 02 9564 1911  
E: mcsp@mercy.org.au

**PERTH (see separate application form)**

*Mercy Connect Coordinator*  
c/- Mercy Congregation Centre 60  
John St Northbridge WA 6003  
Ph: 08 9328 6991  
E: mercyconnectp@mercy.org.au