

Community House Volunteer Application



Thank you for offering your services with the Shire as a Community House Volunteer.

Personal Details:	
First and middle name:	Last name:
Preferred name:	Date of birth (optional):
Street address:	
Town:	Postcode:
Telephone no:	Mobile no:
Email address:	
Emergency Contact Details:	
Name:	Telephone no:
Relationship to volunteer:	Mobile no:
Availability for volunteer work:	
Preferred location:	Are you available for other locations?
Preferred days:	Preferred times:
Are there any regular months, days or times that you will never be available?	
What is your preferred commitment? (e.g. 3 hours / week for two years)	

Contact the Mornington Peninsula Shire

☎ 1300 850 600
🌐 mornpen.vic.gov.au
✉ customerservice@mornpen.vic.gov.au

By post: Private Bag 1000,
90 Besgrove Street, Rosebud VIC 3939
ABN: 53 159 890 143

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Preferred type of volunteer work:	
Qualifications, skills and experience:	
Do you have any pre-existing injury or condition that would impact upon your capacity to perform volunteer work?	
If yes, please describe the injury or condition and its limitations on your capacity.	
Are any modifications required to facilitate your volunteer work? If so, please describe.	
Signature:	Date:

Privacy statement

The information on this form is being collected by the Mornington Peninsula Shire and in accordance with its Privacy Policy and the Privacy and Data Protection Act 2014 for the purpose of volunteer management associated with community houses.

You may access personal information you have provided to the Shire and make corrections by contacting the Shire's Privacy Officer privacy@mornpen.vic.gov.au. The Shire will only use this information for the purpose it was collected and may use it for a secondary, related purpose that could reasonably be expected.

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Dear

Thank you so much for your Volunteer application! We would like to offer you the following position:

Community House Volunteer:	As per the attached Position Description and further described in the Volunteer Handbook.
Reporting to Community House Coordinator & Location:	
Start date:	
Probation end date:	
Hours of volunteering work:	To be agreed with the Community House Coordinator.
End date for volunteer position:	Upon successful completion of probation, this position is ongoing but may be terminated at any time by either party and for any reason. In normal circumstances, two weeks prior notice is preferred.
Modifications to facilitate volunteer work:	

To accept this offer please read, sign and return the attached two documents:

1. Position description
2. Community House Volunteer: Acceptance of Position

Signature:

Name:

Community House Coordinator received Date:

Approved: Team Leader:(signed) **Date:**.....