



VOLUNTEER/STUDENT APPLICATION FORM

PLEASE ATTACH A CURRENT RESUME

Name			
Address			
Suburb			
State		Postcode	
Contact phone	<i>(home)</i>		
DOB			
Emergency contact details			
Name		Relationship	
Contact phone	<i>(mobile)</i>	<i>(home)</i>	

Do you have particular areas of interest or skills and qualifications you would like to use in a Voluntary/Student capacity?

Availability (please be as specific as possible):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time						

Further details



Do you have any pre-existing injuries/illnesses which may be aggravated by your work with Gold Coast Recreation & Sport (details)?

Have you had any previous contact with people with a disability (details)?

What attracted you to apply to study/volunteer at Gold Coast Recreation & Sport Inc?

What would you like to gain from Studentship/Volunteering?

Other information

P (07) 5531 3312
F (07) 5591 2035

E admin@gcrs.com.au
W www.gcrs.com.au

A 'Ashton House', Owen Park, 3 Mick Veivers Way, Southport QLD 4215
M PO Box 7209 Gold Coast M.C. QLD 9726



I understand that this form is an application only to become a Student/Volunteer staff member with Gold Coast Recreation & Sport Inc. My placement/appointment is subject to the availability of a suitable position and the outcomes of the Disability Services Queensland 'Criminal History Check' and the Commission for Children and Young People and Child Guardian 'working with children check' (Blue Card).

HEALTH AND WELLNESS

We do recommend that students/volunteers seek independent advice from a medical practitioner in relation to health precautions such as flu shot and relevant immunisations.

CONFIDENTIALITY

If placed/appointed as a Student/Volunteer I understand that personal information concerning consumers (past and present) and paid and unpaid staff (past and present) is privileged and should not under any circumstances be discussed with or divulged to any other person. This confidentiality agreement is to protect the rights of both consumers and staff.

I acknowledge that there will be no financial payment for any voluntary work I may undertake with Gold Coast Recreation & Sport Inc. If appointed as a volunteer, I agree to abide by the confidentiality clause set out above.

Signature: _____ Date: _____

P (07) 5531 3312
F (07) 5591 2035

E admin@gcrs.com.au
W www.gcrs.com.au

A 'Ashton House', Owen Park, 3 Mick Veivers Way, Southport QLD 4215
M PO Box 7209 Gold Coast M.C. QLD 9726

GOLD COAST RECREATION & SPORT INC · ABN 27 941 839 780