

Office Use Only
Date: ____
Confidentiality signed
Code of Conduct signed
Entered into Database



CORPORATE VOLUNTEERING APPLICATION

Your Contact Details

Organisation _____

Contact Name/Team Leader _____

Address _____

Phone _____ Email _____

Approximate size of team

1-10

20-50

50-100

100+

Does each member of your team hold a Victorian Working with Children Check

Yes

No

**In order to volunteer with Variety, you must hold a current, valid WWCC. It is free for volunteers. Head to www.workingwithchildren.vic.gov.au to create an application form.*

Permission to Use Photographs & Video

I _____, AGREE for Variety. to take, use, & distribute photographs, in order to promote volunteering or the organisation. I allow such use.

Signed _____ Date _____

Type of Work Preferred

Please read the Volunteer Program Brochure for program information that will assist in selecting your preferences, and then tick the appropriate box below.

<input type="checkbox"/>	Administration
<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Skilled Volunteering
<input type="checkbox"/>	Event Volunteering
<input type="checkbox"/>	Other

Please indicate your team's availability. Please note: "PM" refers to after 5pm

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed _____ Date _____

Please return this form via email to volunteer@varietyvic.org.au