



## Volunteer Application Form

**Thank you for your interest in volunteering at St Charbel's Care Centre. Please complete and return this form to Employment Relations or email a copy to [hr@stcharbelscarecentre.org.au](mailto:hr@stcharbelscarecentre.org.au)**

### APPLICANT DETAILS

Title  Mr  Mrs  Miss  Other \_\_\_\_\_ Gender  Male  Female

Full Name

Mobile Number  Home Number

Home Address

Suburb  State  Postal/ZIP Code

Email Address

Date Of Birth (DD/MM/YYYY)  /  /

Current Senior First Aid Certificate?  Yes  No Police Check?  Yes  No

### OCCUPATIONAL DETAILS

I am  employed (complete below)  unemployed  a student  other \_\_\_\_\_

Employer Name

Business Address

Suburb  State  Postal/ZIP Code

Business Number

### VOLUNTEERING DETAILS

Why are you interested in volunteering at St Charbel's Care Centre?

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If applicable, describe any previous volunteer experience you have.

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Please indicate the days / hours you are available to volunteer at SCCC:

<input type="checkbox"/>	Monday	From	<input type="text"/>	TO	<input type="text"/>
<input type="checkbox"/>	Tuesday	From	<input type="text"/>	TO	<input type="text"/>
<input type="checkbox"/>	Wednesday	From	<input type="text"/>	TO	<input type="text"/>
<input type="checkbox"/>	Thursday	From	<input type="text"/>	TO	<input type="text"/>
<input type="checkbox"/>	Friday	From	<input type="text"/>	TO	<input type="text"/>
<input type="checkbox"/>	Saturday	From	<input type="text"/>	TO	<input type="text"/>
<input type="checkbox"/>	Sunday	From	<input type="text"/>	TO	<input type="text"/>

Tick the activities of interest to you:

- Assisting SCCC staff with public open days / events
- Social /leisure time with residents
- Playing board games with residents
- Singing / playing music for residents
- Prayer / pastoral activities with the residents and monks
- Assisting on excursions with residents
- Facilitating an entertainment show / activity with the residents
- Gardening / outdoor time
- Other activities (give suggestion/s below)

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If any, describe particular areas or activities you dislike or feel uncomfortable participating in.

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## MEDIA CONSENT

I, \_\_\_\_\_, [print name] (please tick below):

grant consent to St Charbel's Care Centre Ltd

do not grant consent to St Charbel's Care Centre Ltd

to use photographs, videos, or any visual media of me to be used for publications, communications, displays, distributions, transmissions, or otherwise. I understand that this includes, but is not limited to, printed materials, such as posters, banners, brochures, newsletters, and digital mediums such as social media pages, emails, website, and any other marketing platform or medium used by St Charbel's Care Centre Ltd. I understand any content I appear in is the property of St Charbel's Care Centre Ltd, and will not be released to a third party without my consent. I accept that if I do not grant my consent, I will be asked to be positioned away from any camera frame, in instances where photos, videos or any visual media are created.

*Please notify St Charbel's Care Centre Ltd in writing if you wish to withdraw your consent. This consent is valid indefinitely, unless written retraction of your consent is addressed to St Charbel's Care Centre Ltd, c/o HR, 2 Waterloo Rd, Punchbowl NSW 2196.*

**By signing this volunteer application form, volunteers also understand that, under any circumstance, they are not to photograph, film or distribute any visual media of any residents at St Charbel's Care Centre, on a personal camera or any camera whilst undertaking volunteer work. This includes distributing visual media to relatives or family members of a resident that they may know.**

*I acknowledge that my role as volunteer with SCCC is detailed in the Volunteer Handbook.*

*I understand that my commencement as a SCCC Volunteer will be subject to a criminal record check.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Criminal Record Check Received

\_\_\_\_\_  
Date