



Livingstone Community Centre

A place for friendship, learning and belonging

Volunteer Expression of Interest Form

Thank you for expressing your interest in volunteering at Livingstone Community Centre. There are many ways you can become involved, and we would greatly appreciate your time and skills.

Please complete and return this form to us, and we will contact you soon regarding volunteer opportunities.

Your details

Please complete all fields

| | |
|--|----------|
| First Name | Surname |
| Preferred Name | |
| Preferred Pronoun (<i>She, He, They. Other – please specify</i>) | |
| Home Address | |
| Suburb | Postcode |
| Mobile | |
| Email | |
| Organisation (if applicable) | |
| | |

Why would you like to volunteer with Livingstone Community Centre?

To assist us in finding a suitable volunteer position which you will enjoy, we need to know a little more about you.

Are there any areas you are particularly interested in being involved in?

- Foodbank food relief and community sessions
- Foodbank item collection and delivery (from Foodbank Victoria in Yarraville, and various local businesses/organisations)
- Gardening/garden maintenance
- Odd jobs/maintenance
- Playgroup
- Other.....

Please provide any other information you feel is relevant:

What do you consider to be your strengths and skills?

Do you have a particular interest, skill, or area of expertise you would like to share as a volunteer?

i.e., craft, painting, computer/technology skills, music....

Are there any languages, other than English, that you speak fluently?

- Yes
- No

If yes, please provide details here: _____

Do you have a: *(please tick)*

- Health or medical condition
- Injury
- Disability
- None of the above

If yes, please provide the details of your health or medical condition, injury, or disability here:

Is there anything else you would like to tell us?

Referees

Please provide details of 2 referees who may be contacted to support your volunteer application. Ideally, they will be people you have reported to in recent work or volunteer settings.

Referee 1

Name _____

Organisation _____

Position/Role _____

Email _____

Phone/mobile _____

Period you worked/volunteered with them: *(month and year)*

From _____ To _____

Referee 2

Name _____

Organisation _____

Position/Role _____

Email _____

Phone/mobile _____

Period you worked/volunteered with them: *(month and year)*

From _____ To _____

As a volunteer for Livingstone Community Centre, the following conditions apply:

- No payment will be made for volunteer duties
- A one-month (from start date) probation period applies to all volunteers
- Volunteers are expected to attend any LCC organised induction and/or training session relevant to their volunteer role
- Volunteers are expected to conduct themselves in a professional manner and keep information confidential
- Volunteers may not use their position for personal gain
- Volunteers are indemnified under LCC's (as a subsidiary of Ivanhoe Baptist Church (IBC)) Public Liability Insurance
- LCC respects all personal and confidential information you provide and will do everything possible to protect your personal information from unauthorised access, loss, or misuse
- Volunteers are required to complete and provide a valid Criminal Background Check and Working With Children Check prior to commencing volunteer duties
- Volunteers are required to advise LCC Management if they are convicted of a criminal charge during the term of their volunteering duties
- Any speeding offences, toll fees or traffic parking infringements incurred while performing volunteer duties are the responsibility of the volunteer and will not be paid by LCC. LCC does not have insurance to cover damage to, or caused by, volunteers' private vehicles. It is recommended a minimum of Third Party, Fire and Theft insurance be held by volunteers. Volunteers using their vehicles to perform volunteer duties must hold a current and valid Victorian driver's license, and vehicles used for performing volunteer duties must be registered and in roadworthy condition.

Declaration

I, _____, understand and agree to the conditions above, and declare the information I have provided is true and correct to the best of my knowledge.

Signed

Date

Please return to:

Manager

Livingstone Community Centre

1 Livingstone Street

Ivanhoe VIC 3079

E: community@livingstone.org.au

P: (03) 9497 2014