

**VOLUNTEER APPLICATION FORM**

**The Café – North Richmond Community Health**

|  |  |
| --- | --- |
| **Name:**  |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Country of Birth:** |  |
| **Languages Spoken:** |  |

**Please list (BRIEFLY) relevant qualifications, skills, and experience**

|  |  |
| --- | --- |
| **Qualifications** |  |
| **Skills** |  |
| **Experience** |  |

**What interests you in becoming a Team Member at The Café?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What experience have you had in the hospitality industry?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you currently have a special area of skills (halal cooking, baking cakes, barista skills, etc.)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type of hospitality service are you willing to assist with?**

❑ Promotions ❑ Customer Service ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Baking ❑ Stock Control

❑ Cooking ❑ Barista/ Coffee Making

**Which day/s and times are you available to volunteer? The Café hours are 9:30am – 3:00pm**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **9.30am – 2.30pm** | **Other**  | **Comments** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**Are you able to commit to the role until for at least 3 months?** ❑ Yes❑ No

**How did you find out about The Café – North Richmond Community Health Volunteer Program?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any health, disability, religious or other needs that we need to take into account?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Referee 1**  | **Referee 2** |
| **Name:** | **Name:** |
| **Organisation:** | **Organisation:** |
| **Phone:** | **Phone:** |

|  |
| --- |
| **Emergency contact person:** |
| **Name:** |  |
| **Phone:** |  |
| **Address:** |  |
| **Relationship:** |  |

|  |
| --- |
| **Checklist:** |
| **❑** | **I have read and understand The Cafe Volunteer Position Description**  |
| **❑** | **I have attached my resume to my Application (optional)** |
| **❑** | **The information I have provided is true and correct** |
| **Signed:** | **Date:** |

**Please return completed form and attachments**

Selma Sali, Volunteer Program Coordinator, North Richmond Community Health Ltd, 23 Lennox Street, Richmond 3121**:**

**Ph:** 9418 9893 Fax**:** 9428 2269 **Email:** selmas@nrch.com.au **Web:** [www.nrch.com.au](http://www.nrch.com.au)