

YMCA Canberra is a mission and values driven association.
 The Y values are Respect, Responsibility, Honesty and Caring and has high requirements of conduct and ethical behaviour.
 YMCA Canberra is committed to Safeguarding Children and Young People and is an equal opportunity employer.



All positions at the YMCA are governed by the Safeguarding Children and Young People Policy and the Children and Young People Act 2008.

Personal and Contact Details

First Name Last Name

Address

State Postcode Mobile Email

Work Phone Home Phone

Date of Birth Drivers Licence

Availability: Please tick **MON TUE WED THU FRI SAT SUN**

Area(s) you are interested in volunteering:

Please tick **Op Shops Health & Fitness Adult Recreation Sailing Special Events**

Board of Directors/committees Other

Do you know someone currently working with or volunteering at the YMCA Canberra? Yes No

Name: Relationship to you:

Working with Vulnerable People Registration

Type: Number:

Qualifications: (Please list any qualifications completed or currently studying)

Do you have a current first aid certificate?

Yes No Expires:

Please attach your Resume

Ensure your resume contains a complete work history. Attach a page containing any additional work history.

Are you an Australian Citizen/ Permanent Resident?

Yes No

Are you willing to consent to a National Police Check?

Yes No

Criminal/ Traffic Details

Have you ever been charged with or convicted of a criminal offence, been subject to an apprehended violence order or had your driver's licence suspended or cancelled?

Yes No

If yes, please give details:

Fitness for Duty

Do you have any illness, injury or medical condition (physical and/or mental condition(s)) that will affect how you perform the inherent duties of the volunteer position.

Yes No

If yes, please give details:

Misconduct/Reportable Conduct

Have you ever committed serious misconduct as an employee or had any complaint or allegation against you reported to a government agency such as the Police, Ombudsman or Child Protection?

Yes No

References

First name	<input type="text"/>	Surname	<input type="text"/>
Relationship to you	<input type="text"/>		
Contact Nos	<input type="text"/>	Email	<input type="text"/>
First name	<input type="text"/>	Surname	<input type="text"/>
Relationship to you	<input type="text"/>		
Contact Nos	<input type="text"/>	Email	<input type="text"/>
First name	<input type="text"/>	Surname	<input type="text"/>
Relationship to you	<input type="text"/>		
Contact Nos	<input type="text"/>	Email	<input type="text"/>

Emergency Contacts

First name	<input type="text"/>	Surname	<input type="text"/>
Relationship to you	<input type="text"/>		
Contact Nos	<input type="text"/>	Email	<input type="text"/>
First name	<input type="text"/>	Surname	<input type="text"/>
Relationship to you	<input type="text"/>		
Contact Nos	<input type="text"/>	Email	<input type="text"/>

I have completed this form and believe the information it contains is accurate. I acknowledge that the YMCA of Canberra may terminate my volunteering if the information is false. I declare that any academic and/or professional qualifications submitted with my application are genuine. I consent to the YMCA of Canberra disclosing information about me to my nominated referees for the purposes of this application.

Signature of applicant:

Date: