

# Combined Churches of Eltham Op Shop Volunteer Application Form

## Applicant Details

Full Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Preferred Method of Contact. Phone:  Email

## Working With Children Check

Card Number \_\_\_\_\_ Expiry date \_\_\_\_\_

*Note: You are required to include in your list of organisations on your WWCC -  
1. Uniting Church Eltham Montmorency, and 2. UCA Synod of Victoria.  
( details are on a separate sheet)*

## Referees

Name of Referee 1 \_\_\_\_\_

Phone: \_\_\_\_\_ Organisation \_\_\_\_\_

Position Held \_\_\_\_\_

Address \_\_\_\_\_

Name of Referee 2 \_\_\_\_\_

Phone: \_\_\_\_\_ Organisation \_\_\_\_\_

Position Held \_\_\_\_\_

Address \_\_\_\_\_

Interests and Skills \_\_\_\_\_

## Emergency Contact Details

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Health Information: ( Optional) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**Office Use Only**

Date:

**Recommendation, Comments**

**Signature of Person conducting screening**