



Jika Jika Community Centre Inc
 Corner Plant and Union Streets
 Northcote Vic 3070
 Tel 9482 5100
 Email admin@jikajika.org.au
 Web www.jikajika.org.au
 ABN 163 211 018 46

Application to Volunteer – Jika Jika Community Centre

I wish to be considered for the volunteer position of _____

Name			
Address			
Phone	Home		
	Work		
	Mobile		
Email			
Emergency contact person			
Mobile		Home	

About you

Skills	
Qualifications, if relevant	

Previous voluntary or paid work experience		
Are there any barriers that may stop you from undertaking this position?		
Is there anything as an organisation we can do to assist you to meet the requirements of this position?		
Do you hold a current 'Working With Children Check' or Victorian Police current check?	Yes (please tick appropriate box)	No
	Reference number:	
	Date of Issue:	
	Reference number:	
	Date of Issue:	
Other information you might like to tell us		
Please Note: Jika Jika Community Centre would prefer volunteers to make a 6 – 12 month commitment to a position.		

I provide the following referee who may be contacted by a representative from Jika Jika Community Centre.

Referee Name _____

Position held _____ Phone number: _____

Availability (please tick)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

Date _____ Sign _____