



10/10 Project Volunteer Application Form



**Belconnen
Community
Service**

Volunteer Details			
Full Name			
Address			Post Code
Home Phone		Mobile	
Work Phone		Email	
Full Name of BCS Employee Related To			
Emergency Contact Details			
Full Name			
Relationship			
Home Phone		Mobile	
Work Phone		Email	
Availability			
<i>Date of the 10/10 Project is Friday October 18th</i>			
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> All day			
Is there a particular time you are available	From		To
Additional comments		
		
		
		
		

Activities

Preferred Activities

- Mowing
- Weeding
- Planting
- Mulching
- Light rubbish removal
- Refreshment Crew
- Lunch Crew
- Team Leader

Are there any medical conditions, injuries or anything else that may prevent you from participating in any of the activities outlined above?

Yes

No

If yes, please outline below

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PLEASE NOTE: BCS may ask you to produce a medical certificate if we are concerned that your medical condition could affect your ability to carry out your duties as a volunteer

All information provided by you in this Volunteer Application form will be used solely for the purpose of volunteering with the 10/10 Project.

To return your Volunteer Application form to BCS, you can do the following:

POST: P.O. Box 679 Belconnen ACT 2616

EMAIL: bcs@bcsact.com.au

BY HAND: Deliver to the reception team at the Belconnen Community Centre, Swanson Street Belconnen.

Declaration

I am applying to become a volunteer with the 10/10 Project:

- The information obtained in this information is true and correct*
- I am willing to work within the Vision, Mission and Guiding Principles of BCS*
- I will use safe work practices in all tasks I undertake as a volunteer with the 10/10 Project*

Full Name

Signature

Date