



APPLICANT DETAILS		
Preferred Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____		
Last Name:	First Name/s:	Preferred Name:
Postal Address:		
Suburb:	State:	Post Code:
Home Phone No:		Mobile Phone No:
Email Address:		
Age Group: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 +		
Do you hold a Working With Children Blue Card? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, Blue Card Number:		Expiry Date: ____/____/____
Do you speak a language other than English? : <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please specify the language/s:		
Do you have any conditions which might limit your ability to perform certain types of activities, and would need to be considered when assigning you to a role?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please provide further details:		

VOLUNTEERING INFORMATION
Please indicate the days and times you wish to offer to carry out volunteering work, Eg <input checked="" type="checkbox"/> MONDAY 9:00 - 11:00 am
<input type="checkbox"/> MONDAY _____ <input type="checkbox"/> TUESDAY _____ <input type="checkbox"/> WEDNESDAY _____ <input type="checkbox"/> THURSDAY _____ <input type="checkbox"/> FRIDAY _____ <input type="checkbox"/> SATURDAY _____
How often would you like to volunteer? <input type="checkbox"/> WEEKLY: <input type="checkbox"/> FORTNIGHTLY: <input type="checkbox"/> MONTHLY: <input type="checkbox"/> OTHER (Please Specify) _____
The following are the areas currently available for volunteering within Ipswich City Uniting Church. Please indicate your preferences for service: <input type="checkbox"/> Op Shop Management <input type="checkbox"/> Op Shop Goods Handling <input type="checkbox"/> Shop Front <input type="checkbox"/> Pastoral Care

Name (please print)	Signature	Date ____/____/____
Parent/Guardian (please print)	Signature	Date ____/____/____

If under 18 years old, please have Parent or Guardian countersign application form.

Confidentiality: All information submitted on this form will remain confidential.

Return Applications to: Ipswich City Uniting Church
P.O. Box 1049, Ipswich, QLD, 4305 | Ph: 0466 787 703 | Email: icucreception@outlook.com