



Please complete, sign and post this application form to:  
**ICWA, PO BOX 1187, CANNING BRIDGE WA 6153, AUSTRALIA**

Alternatively the image of signed application form could be emailed to: [info@iraniancommunity.org.au](mailto:info@iraniancommunity.org.au)

Volunteer Registration Form		
Full Name:		Drivers Licence:
ICWA Membership Number:	Email:	
If not a member, take the ICWA membership at <a href="http://www.iraniancommunity.org.au/membership">www.iraniancommunity.org.au/membership</a> first.		
Address:		Mobile:
Why do you want to volunteer; what do you expect to get out of it?		
How many hours per week do you want to commit to your volunteer work?		
Preferred day/time:		
What type of work are you interest in (Please Select)?		
<b>Event Volunteer</b>		
Set-up and pack-down of chairs, tables, stage and decorations <input type="checkbox"/>		
Pre-event promotion and admin <input type="checkbox"/> Post-event cleaning <input type="checkbox"/>		
Kitchen hands <input type="checkbox"/> Ticket control <input type="checkbox"/> Crowd control <input type="checkbox"/> Supervising children <input type="checkbox"/>		
<b>Support Program Volunteer</b>		
Caseworker <input type="checkbox"/> Employment consultant <input type="checkbox"/> Housing consultant <input type="checkbox"/>		
Children's education consultant <input type="checkbox"/> Resume and job interview consultant <input type="checkbox"/>		
<b>Community Care Volunteer</b>		
Community Transport <input type="checkbox"/> Shopping Assistant <input type="checkbox"/> Housework Assistant <input type="checkbox"/>		
Volunteer Counsellor <input type="checkbox"/> Companionship Visiting <input type="checkbox"/>		
<b>School Care Volunteer</b>		
Setting-up the classrooms <input type="checkbox"/> Supervising children <input type="checkbox"/> Teacher Assistant <input type="checkbox"/>		
<b>Referee:</b>		
Full Name:		Email: Phone:
Declaration and Signature		
<input type="checkbox"/> I understand that I am volunteering my services to ICWA and that I will not receive any remuneration. <input type="checkbox"/> I authorise ICWA to undertake reference checking with the referee provided above about my work, conduct, experience and skills. <input type="checkbox"/> I understand that ICWA will not provide personal accident insurance for me. <input type="checkbox"/> I agree that if this registration is approved that I will only conduct work under the guidance and supervision of ICWA team member responsible for the work. <input type="checkbox"/> I agree that at all times comply with the Code of Conduct, any relevant legislation and all other ICWA policies and procedures that I am inducted in or otherwise informed I must comply with during the course of my engagement as a Volunteer with ICWA. <input type="checkbox"/> I understand that ICWA reserves the right to terminate my engagement as a Volunteer at its absolute discretion if ICWA determines that I fail to comply with the Code of Conduct or ICWA policies and procedures or if my service no longer is required.		
<b>Where the Volunteer is required to work with children, following declaration applies:</b> <input type="checkbox"/> I declare that I am not a person prohibited by law from seeking, obtaining, undertaking or remaining in child related employment. <input type="checkbox"/> I acknowledge that acceptance of this registration and any subsequent offer of Volunteer Work made by ICWA will be subject to satisfying the requirements under the Child Protection, as appropriate and confirm that I will complete the appropriate forms and authorise ICWA to conduct appropriate checks to satisfy legislative requirements. <b>I certify that all the information provided above is true and correct.</b> <b>Signature:</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		