

The Lifeline Crisis Support and Suicide Prevention 13 11 14 Helpline is solely funded by earnings from the Lifeline North Coast Shops which are located in Hi-Tech Drive, Toormina, West High St, Coffs Harbour, Vernon St, Coffs Harbour, Nambucca Heads and Grafton.

Our Mission at the Lifeline North Coast shops is to continue to support the Lifeline Crisis Support Helpline AND lead the way by providing eco centres for sustainable living. Everything we do is about being part of the solution in the fight against fast fashion, landfills, and throw-away culture. Our staff and volunteers are dedicated to developing a culture of recycling, reusing and repurposing

PERSONAL INFORMATION

First Name : Last Name :			ie:	Title :							
						Mr	Mrs	Ms	Miss	Other	
Date of Birth :	Date Of App	lication	Email A	ddress:							
/ /	/ /										
Home Address:											
Postal Address:											
Mobile Number:		Home Nu	mber:								
	0'4'							.			
Are you an Australian (Citizen			Do you ider	itify as	Aborigi	inal or Torre	es Strait Is	slander		
Yes No				Yes	No						
If no, please provide details about your Visa status/Permission to volunteer				Do you have any health issue ,existing injuries or allergies that we should be aware of:							
					No						
			If yes, what medical care do you require if you experience a medical emergency while at work								

EMERGENCY CONTACT

Full Name:

Relationship to you:

Contact Number:



VOLUNTEERING INFORMATION

Why do you want to become a Lifeline North Coast Volunteer:

Which Life	line North	n Coast y	volunte	ering position	would you	u like to a	apply	y for				
Retail Shop	o Voluntee	er		Warehouse V At Toormin			Со	mmunity E	vent or	Special Proje	ct Volı	unteer
Which Life	eline Nort	h Coast	retail s	hop would you	ı like to vo	lunteer a	at					
Toormina I	Retail Sho	р		West High S	it Retail Sh	ор		,	Vernon	St Retail Shop	þ	
Nambu	cca Heads	s Retail S	Shop			Grafton	Reta	il Shop				
Have you volunteered/worked for Lifeline North Coast before If yes, please provide de					details							
Yes	No											
Do you want to volunteer with Lifeline North Coast to meet study,work experince or Centerlink requirements												
Yes	No			(requirement)								
What previ	ous life o	r work e	experie	nce do you ha	ve that wo	uld assis	st voi	u in volunt	eering a	at Lifeline No	rth Co	ast
·			·				5		3			
Which days are you available to volunteer at Lifeline North Coast												
Monday	Tu	esday		Wednesday	Th	ursday		Friday	/	Saturday		Sunday
How often	are you a	vailable	to volı	unteer at Lifeli	ne North C	oast						
Daily	We	eekly		Monthly	Oth	ner						



LICENCES & QUALIFICATIONS

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Do you na	ave a Drive	rs License						
Yes	No	Drivers Licence Number			Class	Expiry	/	/
Do you already have a valid Working With Vulnerable People Check (NSW)? If not this will be conducted during the onboarding process								
Yes	No	Card Number		Exp	biry /	/		
	-	eck is mandatory to voluntee / for this check)	er for Lifelir	ie North Coast. Are	e you prepar	ed to undergo	o the check	: (Lifeline
	RENCES	5						
Persons unrelated to you who you have known you for 12 months or more. These can be either work or personal references								
Full Name	Ð:		Relations	hip to you:	Co	ntact Number	:	
Email Ado	dress:			Personal Refe	erence	Work Ref	erence	
Full Name	e:		Relations	ship to you:	Co	ntact Number	:	
Email Ado	dress:							
				Personal Refe	erence	Work Ref	erence	

By signing this application with Lifeline North Coast, I declare all information given by me is true and correct. I have not knowingly withheld any circumstances or facts that would, if disclosed, affect my application

I understand if my application for volunteering for Lifeline North Coast is successful I will be asked to sign a Volunteer Engagement Agreement. This agreement outlines my rights and responsibilities pertaining to my volunteering role with Lifeline North Coast, including Code Of Conduct, Health & Safety Policy, Privacy & Confidentiality Policy and Volunteer Commitment & Obligations Policy

Full Name:	Signature:	Date:					
If under 18 years, a signature from a Parent/Guardian is required							
Full Name:	Signature Parent/Guardian:	Date:					