



**CITY OF COCKBURN VOLUNTEER RESOURCE CENTRE
MEMBERSHIP APPLICATION FORM**

AGENCY/ORGANISATION NAME: _____

IS YOUR ORGANISATION INCORPORATED? YES NO
(Please attach evidence of incorporation)

IS YOUR ORGANISATION A NOT FOR PROFIT ORGANISATION? YES NO

PROGRAM (if applicable): _____

BRIEF DESCRIPTION OF ORGANISATION/SERVICES PROVIDED: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

MAILING ADDRESS: _____

COORDINATOR/CONTACT FOR THIS POSITION: _____

POSITION TITLE: _____

TELEPHONE : _____ MOBILE: _____

EMAIL ADDRESS: _____

FAX: _____ WEBSITE: _____

CONTACT DAY/TIMES: _____

DOES YOUR ORGANISATION HAVE THE FOLLOWING INSURANCE;

PUBLIC LIABILITY?.....YES NO

VOLUNTEER PERSONAL ACCIDENT?.....YES NO

If your organisation does not have the above insurances and would like information on the Cockburn Community Insurance program. Contact the Volunteer Resource Centre Coordinator on 9411 3490.

Authorised Signatory _____

Print Name _____

Position Title of Authorised Signatory _____

The use of all information obtained adheres to the guidelines stipulated in the Privacy Amendment Act 2000. Any personal data collected will be treated as confidential in line with the principles of the Privacy Amendment Act 2000.

PLEASE SEND COMPLETED FORM AND DOCUMENTS TO:

Coordinator
Cockburn Volunteer Resource Centre
PO BOX 1215
Bibra Lake DC WA 6163

Phone: (08) 9411 3490

Fax: (08) 9411 3333

Email: volunteering@cockburn.wa.gov.au

<http://volunteering.cockburn.wa.gov.au>