

Intake Volunteer Application

Please email the completed form along with a short statement (350 words max) addressing the selection criteria, and your resume to supervisor@iclc.org.au



Personal Information

Full Name:
Address:
Email Address:
Contact Number:

Qualifications

Include the name and stage of the course currently being studied)

Do you speak any other languages? *If so, please specify*

Why would you like to volunteer at the ICLC?

What time slot are you prepared to commit to?

Monday:	<input type="checkbox"/> 9am-1pm	<input type="checkbox"/> 2pm-5pm	<input type="checkbox"/> All day
Tuesday:	<input type="checkbox"/> 9am-1pm	<input type="checkbox"/> 2pm-5pm	<input type="checkbox"/> All day
Wednesday:	<input type="checkbox"/> 9am-1pm	<input type="checkbox"/> 2pm-5pm	<input type="checkbox"/> All day
Thursday:	<input type="checkbox"/> 9am-1pm	<input type="checkbox"/> 2pm-5pm	<input type="checkbox"/> All day
Friday:	<input type="checkbox"/> 9am-1pm	<input type="checkbox"/> 2pm-5pm	<input type="checkbox"/> All day