



MERCY WORKS INC.

CLASSROOMCONNECT

A PROJECT OF MERCY WORKS INC.

Application: Volunteer Classroom Connect Project

Name: _____ Date: _____

Male Female

Country of birth: _____

Address: _____

Postcode: _____

Phone (home): _____ Phone (work): _____

Fax: _____ Mobile: _____

E-mail: _____

Driver's Licence: Yes No Own Car: Yes No

First Language: _____

Other Languages (please indicate fluency):

1. _____ Excellent Average Basic

2. _____ Excellent Average Basic

Are you currently: Student Retired Unemployed

Home duties

Employed part-time Other: _____

List current employer and position (if any): _____

Please note that the nature of this volunteer role means that previous experience working in an educational setting is required.

Previous positions held: _____

Education (indicate highest qualification and institution):

Previous volunteer experience (if any). Give details of previous volunteer

position, organisation, and length of time you were there:

Do you have a health or medical condition that could affect your role as a Classroom Connect Volunteer?

No Yes (if yes, please explain)

Time availability:

The time commitment required is a minimum three hrs per week for one school year

Indicate the day and time you are available

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Please be aware that you also need to be available to attend approximately one meeting per school term.

Indicate below why you would like to volunteer with the Mercy Works Inc. Classroom Connect Project. (continue on a separate sheet if necessary)

What are the skills and/or attributes you can bring to this volunteering position?

Provide the names of two referees (preferably professional):

Name: _____

Name: _____

Organisation: _____

Organisation: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

How did you learn about the position? _____

Post or email this application form to:
Sally Macfarlane/Jenny Pinson
Classroom Connect Project Coordinators
Mercy Works Inc.
1 Thomas Street,
Lewisham NSW 2049
or Fax: 9550 9683
or email classroomconnect@mercy.org.au

MERCY NATIONAL CENTRE:
1 Thomas Street, Lewisham NSW 2049
IN THE LAND OF THE EORA PEOPLE
Telephone: +61 (0) 2 9564 1911
Facsimile: +61 (0) 2 9550 9683
Email: classroomconnect@mercy.org.au
Website: www.mercyworks.org.au
ABN: 65 388 158 160

