

APPLICATION FOR ORGANISATIONAL MEMBERSHIP

On behalf of the following organisation, I wish to apply for organisational membership of Volunteering Central Coast Inc. In doing so I agree that the organisation will uphold the objects of the organisation and be bound by the VCC constitution.



Parent Company (if applicable)

ABN of organisation

Name of Organisation

Sector (e.g. Aged, Disability, Health, Youth, Welfare, Animal Care etc)

Organisational Purpose

Is your Organisation:

☐

Not for Profit

☐

Registered with Centrelink for Volunteers

Street Address

Suburb

Postcode

Postal Address (or as above)

Suburb

Postcode

Contact Name

Position

Telephone

Mobile

Email address for the dissemination of information from VCC to your organisation

Your Website address

INSURANCE DETAILS

(Essential and evidenced by a Certificate of Currency for each policy)

Volunteer Personal Accident Insurance

☐

Check the box if age limits apply (i.e. over 18/under 65)

Insurer

Policy No.

Expiry Date

Public Liability Insurance

Insurer

Policy No.

Expiry Date

Please select your Organisational Membership:

☐

Transitional Membership - \$200 (including GST)

Volunteering Central Coast membership is valid until 1st October 2026. The \$200 charge for the Transitional Membership will then be applied to your ongoing membership, from 1st October 2026

TERMS

On behalf of the applicant organisation, you:

☐ Agree to adhere to the National Standards for Involving Volunteers in Not-For-Profit Organisations and support the Universal Declaration on Volunteering (available from www.volunteeringaustralia.org)

☐ Declare that the organisation complies with current Work Health and Safety legislation.

☐ Understand that membership is renewed every year on the 30th June

☐ Have read the insurance section of this form and have **attached** certificates of currency for

☐ Volunteer Personal Accident Insurance and

☐ Public Liability Insurance

☐ Understand that Volunteering Central Coast does not undertake police checks, references or health checks when referring potential volunteers to members; and that it is the responsibility of the organisation to carry out such detailed screening of volunteers as part of your selection process.

Signature

Day

Month

Year

Name

Position

Please return this completed form to members@volcc.org.au