

FRIENDSHIP GROUP SIGN UP FORM

I would like to:	<input type="checkbox"/> join a Friendship Group in my local area (specify below if known) <input type="checkbox"/> start my own Friendship Group		
Membership You must be a YWCA Australia member in order to join a Local Action Group. Membership is FREE and includes a range of benefits.			
Please indicate:	<input type="checkbox"/> I am already a member <input type="checkbox"/> I agree to becoming a member <input type="checkbox"/> I am unsure if I am a member		
Do you accept the values of YWCA Australia and agree to be bound by the terms of membership in the YWCA Australia Constitution?	<input type="checkbox"/> Yes, I do <input type="checkbox"/> No		
Personal Information			
Full Name			
Contact Email			
Contact Mobile			
Date of Birth			
Address			
City		State	
Postcode		Country	
About you			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other (describe below)		
Do you identify with any of the following: <i>This question is optional. We use this information to understand more about our membership, which will help us</i>	<input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Culturally and linguistically diverse <input type="checkbox"/> Living with a disability <input type="checkbox"/> LGBTIQ+		

<i>inform our membership activities, our advocacy, and our service delivery.</i>	
Do you have any skills or experience you would like to contribute to a Local Group? <i>(e.g. design / access to networks / mentoring / finance or legal skills?)</i>	
How did you find out about YWCA Local Groups?	
Volunteer Information	
All YWCA Local Group members are defined as volunteers in order to ensure that they are covered under our organisational insurance policy. To qualify as a volunteer, please provide the following information.	
Are you prepared to obtain a Police Check or Working With Children check if working with young people?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I already have a valid check
<p>VOLUNTEER CONSENT: I consent to the collection of my personal information as contained on this form and acknowledge that this information will be held and used in accordance with the relevant YWCA Australia policies, including in order to assist YWCA Australia to identify mutually suitable volunteering opportunities.</p> <p>I understand that YWCA Australia may require me to attend an interview, as well as complete pre-engagement checks such as a National Criminal History Check and any other workplace checks that are relevant to the volunteer role and working with children. I understand that I will not be able to commence in my volunteer role until any required checks have been completed, or continue if those checks expire.</p> <p>I understand that by ticking the consent box below and submitting this form, I am consenting to these terms.</p> <input type="checkbox"/> I consent to the above terms and conditions.	
Emergency Contact Details	
Emergency Contact Name*	
Relationship to you*	
Emergency Contact Phone*	
Emergency Contact Email*	
Consent	
<p>By providing your email address and/or mobile number you agree to receive information from YWCA Australia about local groups from time to time via electronic means. If you do not wish to receive information via electronic means please email localgroups@ywca.org.au to let us know.</p> <input type="checkbox"/> I consent to the above terms and conditions.	