Volunteer Application Form

1. Applicant Details

Surname _____ Given Names _____

Preferred Name _____ Date of Birth _____

Address _____

Phone _____ Mobile _____

Email _____

2. Emergency Contact

Surname _____ Given Names _____

Preferred Name _____ Relationship _____

Phone _____ Mobile _____

3. Medical Information – if completed, this form requires OSH approval.

Do you have an existing medical disability, condition, allergy or injury that is likely to affect your work performance or which could recur or be aggravated by the type of work for which you will be volunteering for?

_____

_____

Are there specific management plans the City should be aware of in the event you experience a medical issue or emergency?

_____

_____

4. Additional Requirements

Do you have any additional requirements the City should be aware to assist your volunteering with the City?

_____

_____

5. Applicants Relevant Skills & Qualifications

Formal Qualifications *(E.g. Diploma, Degree, Trade Certificate etc.)*

_____

_____

Other Training/Certification *(E.g. First Aid, Driving License etc.)*

_____

_____

Skills *(E.g. Computer, Tools use, Personal interaction, Manual Handling etc.)*

_____

_____

6. Volunteer Position

Please tick the appropriate venue / program you wish to volunteer your time. If you wish to volunteer for more than one please rank in order of your preference.

- ☐ QEII Centre
- ☐ Visitors Centre
- ☐ Community Nursery
- ☐ Art Gallery
- ☐ Bushfire Brigade
- ☐ Library
- ☐ QPT (Queens Park Theatre)
- ☐ Youth Development
- ☐ Litter Collection
- ☐ Other/Event (please specify) _____

7. Availability to Volunteer

Start Date _____ End Date _____

No. hours per week _____ Days (Please Tick)

☐ Monday	☐ Morning	☐ Afternoon
☐ Tuesday	☐ Morning	☐ Afternoon
☐ Wednesday	☐ Morning	☐ Afternoon
☐ Thursday	☐ Morning	☐ Afternoon
☐ Friday	☐ Morning	☐ Afternoon
☐ Saturday	☐ Morning	☐ Afternoon
☐ Sunday	☐ Morning	☐ Afternoon

Please be advised that the City may contact you for additional volunteering opportunities

8. Applicant Declaration

I agree to comply with the following terms and conditions that refer to my participation in all voluntary work for Local Government.

1. I am applying for Volunteer Work.
2. I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.
3. I shall respect the rights, feelings and property of all others associated with my volunteer work.
4. I declare that the information contained in this application is true and correct.
5. I understand that I may be required to undergo an interview and selection process, undertake a reference check and background check and/or Working with Children Check etc.)
6. I understand that I will be required to undertake an Induction and/or training program prior to my commencement.
7. I shall cooperate with the Project Manager / Volunteer Coordinator to ensure a safe, healthy and hygienic team environment.

Signature _____ Date _____

9. Approvals and Record Management

☐ ***OSH Approval (if section 3 completed)***

_____ **DATE**_____

☐ ***Program Contact Approval***

_____ **DATE**_____

☐ ***Manager / Director Approval***

_____ **DATE**_____