



Volunteer Application Form *(part 1)*

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

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.

- | | |
|--|---|
| <input type="checkbox"/> QEII Seniors & Community Centre | <input type="checkbox"/> Library |
| <input type="checkbox"/> Visitors Centre | <input type="checkbox"/> Art Gallery |
| <input type="checkbox"/> Community Nursery | <input type="checkbox"/> QPT (Queens Park Theatre) |
| <input type="checkbox"/> Chapman River Reserve | <input type="checkbox"/> Other/Event (please specify) |
| <input type="checkbox"/> Civic Centre | _____ |

7. Availability to Volunteer

Start Date _____ End Date _____

No. hours per week _____ Days (Please Tick)

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> 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. Application Approvals

Supervisor _____

Signature _____ Date _____

Safety Dept (*if Section 3. Completed*) _____

Signature _____ Date _____



Director Approval _____

Signature _____ Date _____

Volunteer Application Form *(part 2 For Office Use)*

10. Induction Record

Mandatory Volunteers Induction requirements completed (*date*): _____

1. Volunteer Application Form Complete
2. Volunteer Handbook Given
3. Confidentiality Agreement Completed
4. Site Tour Completed
5. Emergency Response explained
6. Incident Reporting Procedures

7. *Volunteer Requirements (if Sections 3 & 4 completed detail below)*

Volunteer Position Specific Induction requirements completed (*date*): _____

- | | | |
|---------------------|------------------------------|-----------------------------|
| 8. Reference Checks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Police Clearance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



10. Working with Children Check Yes No
WWC N# _____ Expiry _____

11. Driver's Licence Yes No
Licence N# _____ Expiry _____ Class _____

12. Photo Release Form Yes No

13. PPE Required Yes No

14. Other Specific Dept requirements *Detail Below*

11. Supervisor confirmation Induction has been completed

Supervisor _____

Signature _____ Date _____