

TRIM Reference: _____

VOLUNTEER APPLICATION

1. APPLICANT DETAILS

Surname: _____ Given Names: _____
Preferred Name: _____ Date of Birth: _____
Address: _____
Phone Number: _____ Mobile Number: _____
Email Address: _____

2. EMERGENCY CONTACT

Surname: _____ Given Names: _____
Preferred Name: _____ Relationship: _____
Phone Number: _____ Mobile Number: _____

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. APPLICANT'S RELEVANT SKILLS AND 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.**

- | | |
|---|---|
| <input type="checkbox"/> QEII Centre | <input type="checkbox"/> Library |
| <input type="checkbox"/> Visitors Centre | <input type="checkbox"/> QPT (Queens Park Theatre) |
| <input type="checkbox"/> Community Nursery | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Art Gallery | <input type="checkbox"/> Litter Collection |
| <input type="checkbox"/> Bushfire Brigade | <input type="checkbox"/> Other/Event <i>(please specify):</i> |
| <input type="checkbox"/> Cruise Ship (meet & greet) | |
-

7. AVAILABILITY OF VOLUNTEER

State 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.

