

TRIM Reference: _____



VOLUNTEER APPLICATION

I WOULD LOVE TO VOLUNTEER

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 your preference.

- | | |
|---|--|
| <input type="checkbox"/> Art Gallery (GRAG) | <input type="checkbox"/> Queens Park Theatre (QPT) |
| <input type="checkbox"/> Bushfire Brigade <i>please specify brigade</i> | _____ |
| <input type="checkbox"/> Community Nursery | <input type="checkbox"/> Visitors Centre |
| <input type="checkbox"/> Geraldton Regional Library | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> QEII Seniors & Community Centre | _____ |
| <input type="checkbox"/> Other/Event: <i>please specify</i> | _____ |

APPLICANT DETAILS

First Name: _____	Middle Name(s): _____
Last Name: _____	Date of Birth: _____
Gender: <i>Optional</i> _____	Occupation: _____
Driver's Licence Number and Category:	No: _____ Cat: _____
Ethnic Background: <i>Optional</i>	<input type="checkbox"/> Aboriginal/Torres Strait Islander
	<input type="checkbox"/> Other <i>pls specify</i> _____

Residential Address

Street: _____

Suburb/Town: _____ Postcode: _____

Postal Address *Same as above*

Street: _____

Suburb/Town: _____ Postcode: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

EMERGENCY CONTACT DETAILS

First Name: _____ Last Name: _____
Phone Number: _____ Relationship: _____

Optional Street Address *Same as applicant*

Street: _____
Suburb/Town: _____ Postcode: _____

MEDICAL QUESTIONS

Your responses to the following questions will not exclude you from volunteering. This information will be used to help determine your suitability for the volunteer role you have applied for.

Do you currently, or have you ever suffered from, any of the following physical or mental health conditions? *Please tick*

- | | |
|--|--|
| <input type="checkbox"/> Neck or back injuries | <input type="checkbox"/> Chest pains |
| <input type="checkbox"/> Mental or nervous conditions | <input type="checkbox"/> Colour blindness |
| <input type="checkbox"/> Depression or difficulty sleeping | <input type="checkbox"/> Do you wear glasses/contact lenses? |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Fear of heights |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Other fears |
| <input type="checkbox"/> Hernia or rupture | <input type="checkbox"/> Dizziness or turns |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Head injuries |
| <input type="checkbox"/> Stomach ulcers | <input type="checkbox"/> Epilepsy or fits |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Persistent headaches |

If you answered YES to any of these conditions, please provide further details below:

Known Allergies:

*** The City of Greater Geraldton will review this information and determine whether you are required to complete further checks ***

RELEVANT TRAINING, SKILLS AND QUALIFICATIONS

AVAILABILITY TO VOLUNTEER

Start Date: _____ End Date: _____

Number of Hours: _____ *Approximately number of hours per week*

Days and Times : *Availability e.g. Monday mornings, every day, afternoon only, etc.*

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 other 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 a 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.

BUSHFIRE BRIGADE DECLARATION *for Bushfire Brigade Applicants Only*

- I agree to comply with the legislation that regulates the operations of emergency services in Western Australia. This includes the *Fire and Emergency Services Act 1998*, the *Fire Brigade Act 1942*, and the *Bush Fire Act 1954*, as is applicable to the volunteer emergency service of which I will be a member. In addition, I agree to comply with the DFES policies and procedures that relate to the volunteer emergency service of which I will be a member.

Signature: _____ Date: _____

OFFICE USE

Bushfire Brigade – *Brigade Captain and Local Government Authority Approvals*

BC Name: _____

Signature: _____ Date: _____

LGA Name: _____

Signature: _____ Date: _____