Corporate Services Department

HR02

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 of your preference.

- ☐ Community Nursery
- ☐ QEII Seniors & Community Centre
- ☐ Other/Event: *pls specify:* _____
- ☐ Geraldton Regional Library
- ☐ Bushfire Brigade *pls specify:* _____

CGG Contact: *if known* _____

APPLICANT DETAILS

First Name: _____ Middle Name(s): _____

Last Name: _____ Date of Birth: _____

Gender: *optional* _____ Occupation: _____

Driver's Licence Number and Category: No: _____ Cat: _____

Expiry: _____

Ethnic Background: *optional*

- ☐ Aboriginal/Torres Strait Islander
- ☐ Other: *specify* _____

Contact Details

Phone Number: _____ Mobile Number: _____

Email Address: _____

Residential Address

Street: _____

Suburb/Town: _____ Postcode: _____

Postal Address: ☐ Same as above

Street: _____

Suburb/Town: _____ Postcode: _____

PO Box 101 Geraldton WA 6531
Geraldton Civic Centre T 08 9956 6600
Mullewa District Office T 08 9956 6643
E council@cgg.wa.gov.au **W** www.cgg.wa.gov.au
ABN 55 907 677 173

EMERGENCY CONTACT DETAILS

First Name: _____ Last Name: _____

Phone Number: _____ Relationship: _____

Optional Residential Address ☐ Same as applicant

Street: _____

Suburb/Town: _____ Postcode: _____

MEDICAL QUESTIONS

Your response 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*

☐	Neck or back injuries	☐	Chest pains
☐	Mental or nervous conditions	☐	Colour blindness
☐	Depression	☐	Do you wear glasses/contact lenses?
☐	Difficulty sleeping	☐	Fear of heights
☐	Heart disease	☐	Other fears
☐	High blood pressure	☐	Dizziness or turns
☐	Hernia or rupture	☐	Head injuries
☐	Asthma	☐	Epilepsy or fits
☐	Stomach ulcers	☐	Persistent headaches
☐	Deafness	☐	Other: _____

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

AVAILABLITY 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, afternoons 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 health and hygiene 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 services of which I will be a member. In addition, I agree to comply with the City of Greater Geraldton's 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: _____

COLLECTION NOTICE
The City of Greater Geraldton collects the personal information you provide in relation to VOLUNTEER APPLICATION so we can deliver the service, process your request, and meet our legal obligations under the *Local Government Act 1995* and any other related legislation. Your information may be shared with government agencies, contractors, or others where authorised by law or with your consent. Where required by law, your personal information will be made publicly available, e.g. public registers. The City manages personal information in accordance with relevant privacy legislation and takes reasonable steps to protect it from unauthorised access or disclosure. You may request access to, or correction of your personal information by contacting the City at pris@cgg.wa.gov.au.