



Volunteer Application Form

Personal Details:

First Name: _____ Surname: _____

Street Address: _____

Suburb / Town: _____ State _____ Postcode: _____

Postal Address (if different from above): _____

Email address: _____

Home Phone: _____ Mobile: _____

Emergency Contact:

Name: _____

Phone Number: _____ Relationship: _____

General Information

Do you have a current driver's licence? _____ Class/es: _____ Expiry date: _____

Please provide details of the specific volunteer role(s) that you are interested in (in order of preference if there are more than one)

1. _____

2. _____

3. _____

How many hours/days are you available to volunteer?: _____

When are you able to commence?: _____

Please either answer the following three questions or attach a current resume.

1. Formal qualifications (eg diploma, degree, trade certificate etc)

2. Other training/certification (eg first aid, advanced driving etc)

3. Computer skills (eg work, excel, powerpoint etc)

Referees

Please provide the contact details of at least one person who is not family and who is willing to act as a referee for you. This should be a person that you have known for at least two years.

Referee Name: _____

Relationship: _____ Phone No: _____

Email address (if known) : _____

How long have you known this person?: _____

Medical Information

Under the *WA OSH Act 1984* Local Government has a duty of care to ensure the safety and health of any members of the public that have access to Local Government sites – this includes volunteers. Answers to the following questions will ensure that you are engaged for voluntary work that is appropriate to your fitness for work and ensure the safety and health of those in our volunteers care.

Do you have any existing medical disability, condition, allergy or injury? _____

How serious is this condition if aggravated:

- Potentially Life Threatening
- Could require medical treatment (doctor, hospital etc)
- Could require own medication
- Could require rest or time off work

How could we recognise if your condition has recurred been aggravated? _____

When was your most recent episode? _____

What is the management plan to minimise the condition? _____

What is the emergency plan if serious aggravation does occur: _____

Declaration

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

- I am applying for volunteer work
- I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.
- I shall respect the rights, feelings and property of all others associated with my volunteer work
- I declare that the information contained in this application is true and correct
- I understand that I may be required to undergo an interview and selection process, undertake a reference check and back ground check as well as a national police clearance and/or working with children check etc

- I understand that I will be required to undertake an induction and/or training program prior to my commencement
- I will not smoke, consume or store alcohol or illicit drugs while working voluntarily on site
- I shall cooperate with the Project Manager/Volunteer Coordinator to ensure a safe, healthy and hygenic team environment

Signature: _____ Date: _____

Confidential Criminal Screening Declaration

I _____

Of _____

Declare that I have no criminal convictions recorded against me through crimes against people or property. I give permission to the Shire of Pingelly to request a Police Clearance if they believe that this is necessary.

Signed: _____ Date: _____