



# 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: \_\_\_\_\_