

VOLUNTEER APPLICATION

To be completed prior to commencement as a volunteer with Council

NAME:							
PREFERRED NAME:		(if applicable)					
ADDRESS:							
POSTAL ADDRESS: (if different)							
TELEPHONE:		HOME:			MOBILE:		
DATE OF BIRTH:		(must be over 16)					
COUNTRY OF BIRTH:							
MARITAL STATUS:							
NEXT OF KIN / EMERGENCY CONTACT:							
NAME:							
ADDRESS:							
PHONE NO/S:							
PREFERRED AREA TO VOLUNTEER (please tick)							
<input type="checkbox"/>	Cooee Lodge Hostel		<input type="checkbox"/>	Cooee Heritage Centre		<input type="checkbox"/> Community Care	
<input type="checkbox"/>	Jack Towney Hostel		<input type="checkbox"/>	Gilgandra Youth Service		<input type="checkbox"/> Library	
<input type="checkbox"/>	Carlinda Enterprises		<input type="checkbox"/>	Orana Living		<input type="checkbox"/> Swimming Pool	
PLEASE INDICATE THE TIMES AND DAYS YOU MAY BE AVAILABLE (please tick)							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							
PLEASE LIST ANY RELEVANT WORK HISTORY, HOBBIES, OTHER INTERESTS OR PREVIOUS VOLUNTARY SERVICE:							

PLEASE LIST ANY RELEVANT QUALIFICATIONS / CERTIFICATION:				
FIRST AID CERTIFICATE:	EXPIRY DATE:			(√) Copy attached
	EXPIRY DATE:			(√) Copy attached
	EXPIRY DATE:			(√) Copy attached
ADDITIONAL INFORMATION FOR COMMUNITY CARE VOLUNTEERS:				
VOLUNTEER ROLES (please indicate your interest):				
	Meals on Wheels			Community Transport
	Social Support			Administration
INSURANCE REQUIREMENTS:				
DRIVER LICENCE NO:		EXPIRY DATE:		(√) Copy attached
VEHICLE MAKE AND MODEL:				
VEHICLE REGISTRATION:		EXPIRY DATE:		(√) Copy attached
COMPREHENSIVE INSURER:				
POLICY NO:		EXPIRY DATE:		(√) Copy attached
FURTHER INFORMATION FOR COMMUNITY CARE TRANSPORT DRIVERS:				
BANKING DETAILS:	NAME OF BANK:			
	BRANCH LOCATION:			
	BSB (Must be 6 digits)			-
	ACCOUNT NUMBER:			
	ACCOUNT NAME:			

Privacy

The personal information provided in this document is protected under the Privacy and Personal Information Protection Act (PPIPA), 1988. The PPIPA provides for the protection of personal information and for the privacy of individuals.

Gilgandra Shire Council will not disclose your personal information to any person or body if it is not directly related to the purpose for which the information was collected.

If you have a complaint or require further information about the collection and use of personal information please contact Council's Director of Business and Corporate Services.

VOLUNTEER DECLARATION:

- I agree to Council conducting criminal record checks and working with children checks where appropriate in accordance with legislation.
- I agree to conduct myself under the guidance and supervision of the Council employee responsible for the area of work for which I have applied.
- I agree to contact the Council employee designated if I intend to vary the nature of work specified in this application, or if I experience any problems with the work I am undertaking.
- I am willing to undertake any training necessary in relation to my volunteering services to ensure I comply with all policies and legislative obligations of Council.
- I agree to maintain the same standards of confidentiality, integrity, courtesy and organisational discipline as Council's paid employees.
- I agree to be non-judgmental in matters of nationality, customs, values, religious beliefs and social status.
- I agree to comply with any safety procedures requested and to inform Council of any injuries sustained whilst undertaking volunteering activities.
- I understand that I am volunteering my services to Council and will not receive remuneration for my services, apart from the Community Care reimbursement, and that I will inform Council when I no longer wish to be considered for further volunteering activities.
- I understand that Council may terminate my volunteering services if I do not comply with any aspect of this agreement.

SIGNATURE:**DATE:****COUNCIL USE ONLY****REQUIRED CHECKS:****CHECKS NOTED AS COMPLETED BY:****DATE:****THE APPLICANT IS APPROVED TO VOLUNTEER WITH:****SECTION MANAGER SIGNATURE:****DATE:****TRAINING REQUIRED:****TOOLS, BADGE, PPE REQUIRED:**

Please submit completed form to Risk Management Officer who will issue a letter of offer to the volunteer prior to induction. Induction and checklist to be completed prior to volunteer commencing.

DATE LETTER SENT:**REGISTER UPDATE:****INDUCTION AND CHECKLIST COMPLETED BY:****DATE:**