



Volunteer Application Form

Part 1: Applicant Details

Title	Given name/s	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation name (if applicable)

Residential Address

<input type="text"/>	State:	Postcode:
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Postal Address (if different from above)

<input type="text"/>	State:	Postcode:
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Contact phone number	Email address
<input type="text"/>	<input type="text"/>

Date of Birth			Current age
Day	Month	Year	<input type="text"/>

Are you an Australian Citizen or permanent resident? (Please tick one box)

Yes No

Do you have any medical conditions, injuries, disabilities or allergies which may affect or limit your capacity as a volunteer?
(Please tick one box)

Yes No

If yes, please provide details:

Do you take any prescribed medication in relation to a specified medical condition? (Please tick one box)

Yes, please specify _____ No

Part 2: Emergency Contact Details

Who should we contact in case of an emergency?

Title	Given name/s	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Contact Phone Number	Mobile Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3: Area of Interest

Which area of volunteering do you wish to apply for? (Please tick the applicable box/boxes)

- | | | |
|--|--|---|
| <input type="checkbox"/> Events | <input type="checkbox"/> Bushcare Program | <input type="checkbox"/> IT/Technology Programs |
| <input type="checkbox"/> Library Services | <input type="checkbox"/> Nursery and Community Gardens | <input type="checkbox"/> Sports Coaching/Umpiring |
| <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Community Engagement Services | <input type="checkbox"/> Art and History |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Early Learning Storytime | <input type="checkbox"/> Reading Buddies |

Other (please specify)

If you are applying for a specifically advertised volunteering role please list it below:

Part 4: Experience

Have you performed volunteer work before? (Please tick one box)

- Yes No

If yes, please provide details:

What particular skills or qualities could you use in your volunteer work?

Do you speak a language other than English at home? (please tick one box)

- Yes No

If yes, please specify _____

- Do you have a driver's licence? Yes No
Do you have a bus licence? Yes No
Do you have access to a vehicle? Yes No

Part 5: Personal Referee

Personal referee (this person may be contacted by us regarding your application. Please do not include family members.)

Title	Given name/s	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Contact Phone Number	Mobile Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6: Availability

When are you available for volunteer work? (please tick the applicable box/ boxes)

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long do you intend to volunteer with Council for?

** Please note that some volunteer positions are project based and will necessitate commitment for the duration of the project.*

Part 7: Communication

Would you like to be contacted via email in the future with volunteering opportunities and Council volunteering news?

Yes No

How did you find out about volunteering with Council? (please tick all applicable boxes)

Council's website Leaflet/poster Council eNews

Council social media Word of mouth

Other (please specify)

Part 8: Volunteer Screening

Do you have any driving convictions? (Please tick one box)

Yes, please specify _____ No

Have you had your driver's licence refused, suspended or cancelled? (Please tick one box) Yes No

All volunteering positions at Council require a *Working with Children Check* (WWCC) and a National Police Check.

Working with Children Check

Please obtain your *Working With Children Check* (WWCC) <https://www.service.nsw.gov.au/transaction/apply-working-children-check>

The Working with Children Check is free for volunteers

Please enter your current WWC number here:

National Police Check

Are you willing to undergo a National Police Check? <https://auspost.com.au/police-checks> (Please tick one box)

Yes No

Should you be successful in gaining a volunteer role at Council, Council will reimburse the cost of your National Police Check, currently \$29.90 for volunteers. Applying for a National Police Check will be discussed at your volunteer interview.

Part 9: Applicant Declaration

1. I agree to work under the guidance of my supervisor and in accordance with the Work Plan, the Risk Assessment and Position Description. I agree to comply with all rules and regulations relating to Work Health and Safety.
2. I am aware that it is preferable to leave valuable items at home. Council will not take responsibility for participant's goods that are lost or stolen while participating.
3. I grant Council permission to take photos, film or other media whilst participating in volunteer work and to use for promotional purposes, which may be available to a global audience through the internet. I further acknowledge that publication of photos/ images confers no right of ownership or royalties whatsoever.
4. I acknowledge that any intellectual property created by the volunteer during the course of engagement remains the property of Council and cannot be copied or distributed without the prior consent of the appropriate Council Officer.
5. I acknowledge knowingly and freely assume all risks, both known and unknown, even those arising from the negligent acts or omission of others and assume full responsibility for my own participation.
6. I acknowledge and fully understand that the Activity involves some risk of injury which might result not only from my own actions, inactions or negligence, but also the actions, inactions or negligence of others, environmental conditions or equipment used.
7. I hereby acknowledge that I have read and understood the above declaration and the details I have provided are true and correct at this time. Should any of the details change in relation to this application in the future, I will advise Strathfield Council in writing.
8. I acknowledge that I do not have any health or medical conditions that would affect my ability and capacity to volunteer and impact or risk others.
9. I understand prior to my commencement of my role I must undertake volunteer induction with Council.

Applicant's name (please print)

Applicant's signature

Date

Thank you for your commitment to Strathfield Council's Volunteer program.

PRIVACY POLICY

The information contained in the Volunteer Registration Form is private and confidential. Council is authorized to collect this information in accordance with the Local Government Act 2009 and other Local Government Acts. Strathfield Council must not disclose this information to any person or body that is not directly related to the purpose for which the information was collected. The information collected is to ensure we meet the requirements of our insurance of and for the purposes of maintaining Council's Volunteer contact database to inform volunteers or upcoming training, and opportunities. The information can be updated or corrected by you, by contacting Strathfield Council. All records will be held by Council's People and Performance Division and managed in accordance with guidelines for all other personnel record.