

## Volunteer Application Form - Under 18 Years of Age

### Part 1: Applicant Details

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

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 (volunteers must be at least 16 years of age)
Day      Month      Year	<input type="text"/>

School

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
Relationship	Contact Phone Number	Mobile Phone Number

## 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 & Community Gardens   | <input type="checkbox"/> Sports coaching/umpiring |
| <input type="checkbox"/> Youth Activities       | <input type="checkbox"/> Community Engagement Services | <input type="checkbox"/> Art & History            |
| <input type="checkbox"/> Children's Activities  | <input type="checkbox"/> Early Learning Storytime      | <input type="checkbox"/> Reading Buddies          |
| <input type="checkbox"/> Other (please specify) | <input type="text"/>                                   |   |

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 \_\_\_\_\_

### 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
Relationship	Contact Phone Number	Mobile Phone Number

### Part 6: Availability

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

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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 9: Applicant Declaration by Parent/ Guardian**

Volunteers aged under 18 years of age and over 16 years of age are required to get parent/ guardian consent prior to undertaking volunteering duties with Council. Parent/ guardian signature is required for all applications for under 18 years of age and over 16 years of age at the time of volunteer engagement.

1. I agree that my child/ ward will work under the guidance of a supervisor and in accordance with the Work Plan, the Risk Assessment and Position Description, and comply with all rules and regulations relating to Work Health and Safety.
2. I am responsible for my child/ wards transport to and from the volunteering activity. **Any special instructions are listed below.**

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 my child/ ward is 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 volunteer activity involves some risk of injury which might result not only from my child/ ward's 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 my child/ ward does not have any health or medical conditions that would affect ability and capacity to volunteer and impact or risk others.
9. I understand prior to commencement of that my child/ ward will undertake a volunteer induction with Council.

**Parent/ guardian name (please print)**

**Parent/ guardian 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 records.