



## APPLICATION TO WORK WITH COUNCIL AS A VOLUNTEER

### **EXPLANATION OF PURPOSE OF VOLUNTEER APPLICANT & PERSONNEL PARTICULARS FORM**

*This form is to be completed by persons who are applying to undertake voluntary activities on behalf of or in consultation with Camden Council.*

*It is designed to elicit appropriate information from the volunteer to assist Council in determining the suitability of the volunteer for the task. It also assists in identifying the training and safety equipment required in accordance with Councils Risk Management strategies and Work Health & Safety requirements.*

Applicant details							
<b>Title:</b> (Circle one or specify other)	Mr. Mrs. Ms. or Other:	<b>First Name:</b>			<b>Suffix:</b> (e.g. MD)		
<b>Family Name:</b>		<b>Middle Name:</b>			<b>Preferred Name:</b>		
<b>Street Address:</b>		<b>Suburb/Town:</b>			<b>State:</b>		
					<b>Postcode:</b>		
<b>Postal Address</b> (if different):		<b>Suburb/Town:</b>			<b>State:</b>		
					<b>Postcode:</b>		
Contact Details							
<b>Email Address:</b>							
<b>Telephone</b>	<b>Home:</b>		<b>Mobile:</b>		<b>Work:</b>		
Vehicle License Details							
<b>Do you have a current driver's license?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Tick appropriate box below</i>			
<b>Car:</b>	Manual <input type="checkbox"/> Automatic <input type="checkbox"/>		Heavy Vehicle <input type="checkbox"/>		Plant <input type="checkbox"/> Type:		
<b>License No.</b>							
<b>License Class</b>							
Volunteer Position							
<b>Program Area:</b> (e.g. Library, Men's Shed, Visitor Info Centre)			<b>Location:</b>			<b>Volunteer Role:</b>	
Availability to Volunteer							
<b>No. Hours/Week:</b>				<b>Start Date:</b>			
<b>Preferred Days:</b>	<b>Monday</b> am <input type="checkbox"/> pm <input type="checkbox"/>	<b>Tuesday</b> am <input type="checkbox"/> pm <input type="checkbox"/>	<b>Wednesday</b> am <input type="checkbox"/> pm <input type="checkbox"/>	<b>Thursday</b> am <input type="checkbox"/> pm <input type="checkbox"/>	<b>Friday</b> am <input type="checkbox"/> pm <input type="checkbox"/>	<b>Saturday</b> am <input type="checkbox"/> pm <input type="checkbox"/>	<b>Sunday</b> am <input type="checkbox"/> pm <input type="checkbox"/>



Skills and Qualifications		
<b>Formal Qualifications</b> (e.g. Diploma, Degree, Trade Certificate etc.):	<b>Institute and year obtained:</b>	
<b>Other Training/Certification</b> (e.g. First Aid Certificate, Advanced Driving etc.):	<b>Institute and year obtained:</b>	
<b>Computer Skills</b> (e.g. word, excel, PowerPoint etc.):		
Employment and Volunteering History		
Have you ever worked for Camden Council before? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>What was your most recent paid position?</b>	Position:	Organisation:
<b>What was your most recent volunteer role?</b>	Position:	Organisation:
Referees		
<i>Please provide the contact details of two people who are not family members and have known you for more than two years, who are willing to act as referees for your chosen voluntary work position.</i>		
<b>Referee 1 Name:</b>	<b>Relationship:</b>	<b>How long have you Known this referee?</b>
<b>Phone:</b>	<b>Mobile:</b>	<b>Email:</b>
<b>Referee 2 Name:</b>	<b>Relationship:</b>	<b>How long have you Known this referee?</b>
<b>Phone:</b>	<b>Mobile:</b>	<b>Email:</b>
Medical Information		
<i>Camden Council has a duty of care to protect your health and/or safety while you are a volunteer. Please answer the following questions and if you have any concern about your ability to physically fulfill the volunteer role please speak to the Volunteer Coordinator and/or your doctor.</i>		
<b>Do you have an existing medical disability/condition/injury?</b> <i>Please provide details:</i>		
<b>Do you take any medication that may affect your ability to work?</b> <i>Please provide details:</i>		
Have you read the Volunteer Position Description and Task Analysis? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I agree that I am able to fulfill the inherent physical requirements of the advertised position based on my current and previous medical history? Yes <input type="checkbox"/> No <input type="checkbox"/>		



**Declaration** *(Please tick each checkbox to acknowledge your acceptance of each point below)*

- I agree to council conducting probity checks (where appropriate) in accordance with the protection of children legislation.
- I agree to referees being contacted in relation to this application to provide voluntary services to Council.
- I agree to work under the guidance and supervision of the Council employee responsible for the area of work for which I have applied.
- I agree to use the tools and protective equipment specified in this application.
- 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 understand that Council may terminate my volunteering services if I do not comply with any aspect of this agreement.
- I agree to inform Council of any injuries sustained whilst undertaking volunteering activities.
- I understand that all claims for any medical costs incurred as a result of my volunteering activities will be made upon my own medical fund.
- I am willing to undertake any training deemed necessary by Council in relation to my volunteering services to ensure that I comply with all policies and legislative obligations of Council.
- I understand that as a volunteer I am expected to maintain the same standards of confidentiality, courtesy and organisational discipline as Council's paid employees.
- I agree to work in a constructive and cooperative way with Council staff, and comply with any safety procedures requested.
- I understand that I am volunteering my services to council and will not receive remuneration for my services, and that I will inform council when I no longer wish to be considered for further volunteering activities.

Signed: \_\_\_\_\_

Date: ...../...../.....

**Office Use Only**

Protective tools & equipment or training to be provided by Council:

\_\_\_\_\_

The applicant is approved for the work specified in the form.

Signed: \_\_\_\_\_

Date: ...../...../.....

Manager or Director in charge of work area

Signed copy of form to be returned to applicant and placed on file.

Copy provided to Risk Management

Volunteer tools and protective equipment register completed.

Signed: \_\_\_\_\_

Date: ...../...../.....

The personal information provided in this document is protected under the Privacy and Personal Information Protection Act, 1998. The PPIPA provides for the protection of personal information, and for the privacy of individuals.

The (insert council name) Shire Council must 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 privacy officer