

Volunteer Application Form

| Personal Details | |
|--|-----------------------------------|
| Family name | Title |
| First name(s) | |
| Home address | |
| Suburb | Post code |
| Telephone Home | Mobile Work |
| Email | |
| Date of birth | Gender Male Female |
| Country of birth | Aboriginal Torres Strait Islander |
| Emergency Contact (2 required) | |
| 1. Full name | |
| Relationship | |
| Telephone Home | Mobile Work |
| 2. Full name | |
| Relationship | |
| Telephone Home | Mobile Work |
| Referee Details (not family members) | |
| 1. Full name | |
| Relationship/Role to applicant | |
| Telephone Home | Mobile Work |
| Applicant under 18 years of age | |
| I (print full name) am the parent/guardian/other (please specify) of the applicant and approve this application | |
| Signature | Date |

Volunteer Application Form

| Volunteer Background |
|--|
| How did you become aware of volunteering opportunities in the Alexandrina Council? |
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| Why do you wish to become a volunteer with the Alexandrina Council? |
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| What type of volunteer work interests you? |
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| What skills and abilities do you have that are relevant to a volunteering role? |
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| What are your interests and hobbies? |
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| Language(s) spoken (other than English) |
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| |
| When are you available to volunteer (which days, mornings, afternoons, weekend, anytime etc.)? |
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| |

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| | | | |
|---|--|---|--|
| Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Full time <input type="checkbox"/> Part time <input type="checkbox"/> | |
| If yes please describe your position/role | | | |
| | | | |
| | | | |
| Are you currently in a volunteering role? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes please describe | | | |
| | | | |
| | | | |
| Are you looking for a volunteer role to meet Centrelink, work rehabilitation, study or any imposed requirements? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes please describe | | | |
| | | | |
| | | | |
| Do you hold a current First Aid Certificate? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes state the date of your most recent qualification | | First Aid Level | |
| Health Declaration | | | |
| We have a duty of care to ensure that your health is not impaired as a result of any assigned volunteer role. Whilst completion of this section is not compulsory, it is to your benefit to equip us with relevant information to ensure your role and duties are appropriate to you and allow us to provide any necessary support. | | | |
| Have you ever suffered from a back condition or spinal disorder? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you had or do you have a sight, hearing or speech condition? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever suffered from a heart or lung condition? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever had any joint disorder/arthritis, rheumatism or similar? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever had epilepsy, fainting spells or periods of unconsciousness? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Do you have a diabetic condition or a serious allergic reaction to anything? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Do you have any serious health issue which you consider we should be aware of? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If you have answered yes to any of the above please describe the condition and any assistance we can provide to support you in your volunteering role | | | |
| | | | |
| If required would you be willing to undertake a medical examination if your role required one? | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

Volunteer Application Form

| Identification and Licences Information | |
|--|--|
| Do you have a drivers licence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Licence No Please attach a copy | Class Expiry Date |
| Have you had any accidents or been convicted of any offences relating to the use of a motor vehicle in the last five years (excluding minor infringements)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes please describe | |
| Please list and provide copies of any licences that will be required for you to perform your volunteer role. E.g. Boat Licence | |
| | |
| | |
| Please circle relevant areas of Interest | |
| Goolwa Library / Strathalbyn Library | Visitors Information Centre Goolwa |
| Visitors Information Centre Strathalbyn | Open Space – Parks, Gardens, Cemeteries |
| Events | River Boat Centre |
| Arts and Culture | Centenary Hall |
| PS Oscar W | Advance Care Directive |
| Applicant's declaration | |
| <p>I, <u>(Please print your full name)</u></p> <p>.....</p> <p>declare that to the best of my ability the information contained in this Volunteer Application form is accurate and correct and I agree to notify the Alexandrina Council of any changes to my circumstances that may affect my volunteering role.</p> | |
| I consent to a referee check? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to a screening & background check through Department of Human Resources? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| <p>I give permission for my photograph to be taken and reproduced in Council publications, including on Council's website and social media pages.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| Volunteer signature | Date |

Please forward this completed form to:

Volunteer Support Officer
 Alexandrina Council
 PO Box 21
 GOOLWA SA 5214

Phone: 8555 7000
 Email: alex@alexandrina.sa.gov.au