



VOLUNTEER APPLICATION FORM

Information provided in this form will be treated as confidential. It is deemed to be personal information and, therefore, is covered by privacy legislation. The information will not be used for any purpose other than its stated intent and will only be made available to relevant authorised officers within Council.

Please email the completed form to email@willoughby.nsw.gov.au or post to the Human Resources Branch, Willoughby City Council, PO Box 57, CHATSWOOD. NSW. 2057

Name _____ Date of Birth _____

Address _____

Telephone: (h) _____ (mobile) _____ (w) _____

Email _____

Volunteer Placement Desired – Please number in order of preference and number only those areas of interest.

- | | | |
|---|---|---|
| <input type="checkbox"/> BushCare | <input type="checkbox"/> Community Aid
(Weekdays only) | <input type="checkbox"/> Constant Companion
(Weekdays only) |
| <input type="checkbox"/> Meals of Wheels
(Weekday mornings only) | <input type="checkbox"/> Library | <input type="checkbox"/> MOSAIC Multicultural Centre
(Weekdays only) |
| <input type="checkbox"/> Performing Arts Unit | <input type="checkbox"/> Youth Services | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Days and Times Available.

- | | | | | | | |
|----------------------------------|--------------------------------------|----------------------------------|------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | | |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Emergency | | | |

Please provide a brief summary of current or previous occupation / work experience:

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What attracted you to apply a volunteer placement with Council? _____

Please provide details of any previous volunteer activities. _____

Please list any particular skills hobbies or other interests, which will be of particular use in your volunteer placement? _____

Do you speak a language, other than English, that you would like us to be aware of?

No Yes. If yes, what language(s) do you speak and at what level of proficiency i.e. basic, intermediate or advanced: _____

Do you have any disabilities or health problems that could affect your ability to perform certain tasks or activities that may affect your volunteer placement?

Please list any requirements you may have in order to perform volunteer activities (e.g. equipment modification).

Please supply two personal referees.

Name _____ Name _____

Address _____ Address _____

Telephone Number _____ Telephone Number _____

Relationship _____ Relationship _____

Please supply details of an emergency contact.

Name _____ Telephone _____

Address _____

Relationship _____

How did you hear about Council's Volunteer Program?

Word of Mouth Street Display Telephone Book

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Council Website Media Article Other _____

If you are seeking a volunteer placement with the elderly or people with a disability, you may be required to consent to Council undertaking a **Criminal History Record Check**. This check includes providing proof of identity. Are you willing to give permission for Council to undertake such a check?

Yes No N/A

If you are seeking a volunteer placement that involves contact with children or young people under the age of 18, you may be required to have a **NSW Working with Children Check – Volunteer**. There is no cost for a Volunteer check. Are you willing to undertake to undertake such a check?

Yes No N/A

Signature of Applicant _____ Date _____

Office Use Only

Comments _____

Branch to which assigned _____ Commencement Date _____

References Checked Yes No If yes, date checked _____

Supervisors Signature _____ Date _____