



## 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](mailto: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<br>(Weekdays only) | <input type="checkbox"/> Constant Companion<br>(Weekdays only)          |
| <input type="checkbox"/> Meals of Wheels<br>(Weekday mornings only) | <input type="checkbox"/> Library                          | <input type="checkbox"/> MOSAIC Multicultural Centre<br>(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 \_\_\_\_\_