

Volunteer Registration Form



PERSONAL INFORMATION - MANDATORY					
Title	Mr	Mrs	Ms	Miss	Other
Full Name					
Residential Address					P/Code
Postal Address (if different to above)					P/Code
Telephone(s)	Home:		Mobile:		
Email					
Date of Birth				Gender	Male Female

GENERAL INFORMATION		
How did you find out about volunteering with us? (Can tick more than one box)		
<input type="checkbox"/> Website	<input type="checkbox"/> Council Office/Library	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Local Newspaper	<input type="checkbox"/> Employment Consultant	Other _____
<input type="checkbox"/> Previous involvement		
What are you interested in doing?		
(administration, data entry, transport, graffiti removal, hospitality, shopping, friendly visiting, mentoring, biodiversity, gardening, tutoring, committee, events)		
What are your skills or hobbies?		
(driving, gardening, maintenance, cooking, art, craft, sport, music, reading, computing, leadership, administration, teaching, communication, literacy)		

AVAILABILITY TO VOLUNTEER - **MANDATORY**

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No. hours/week				Start Date				
Preferred Days <i>Please Circle</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Preferred Time/s								

REFEREES

(Please provide the details of two people who we can contact to learn more about you, ie; employer, work colleague, teacher, coach, church representative, neighbour)

Full Name		Relationship to Volunteer
Telephone(s)	Home:	Mobile
Full Name		Relationship to Volunteer
Telephone(s)	Home	Mobile
Do you have any criminal convictions? – Mandatory		<input type="checkbox"/> Yes <input type="checkbox"/> No
Consent - Mandatory		
I agree to undertake a National Criminal History check.		<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION - Mandatory

Barunga West Council has a duty of care to ensure that your health is not impaired as a result of any assigned volunteer role. Your answers to the following questions will help meet our mutual needs.
(Please comment on the impact of the following on work to be performed by you)

If required, would you be prepared to undertake a medical examination?	Yes	No
Do you have any existing medical disability/condition/injury (including allergic reactions) If yes, please provide details:	Yes	No
Are there any other health reasons that could limit the activities you can undertake as a volunteer? If yes, please outline these health reasons below	Yes	No

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Do you take any prescribed medications? If yes, please provide details that could help us care for you in an emergency, such as dosage, where you carry it and your doctor's name if different from your Family Doctor)	Yes	No
Do you have Ambulance Cover? Please state number: _____	Yes	No

EMERGENCY CONTACT DETAILS:		
Full Name		Relationship to Volunteer
Telephone(s)	Home	Mobile
Full Name		Relationship to Volunteer
Telephone(s)	Home	Mobile

SKILLS AND QUALIFICATIONS			
Formal Qualifications (e.g Diploma, Degree, Trade Certificate etc.)			
Other Training/Certification (e.g First Aid Certificate, Advanced Driving etc)			
Computer Skills (eg Work, Excel, Powerpoint etc)			
Current Drivers Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes please provide number</i>	
<input type="checkbox"/> Car <input type="checkbox"/> Heavy Vehicle <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> International Driving Permit			

VOLUNTEER POSITIONS
<i>Please provide details of the program or specific volunteer role (s) that you are interested in (in order of preference, if more than one)</i>

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Program Area	Location	Volunteer Role

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DECLARATION - **Mandatory**

Please read each statement and tick each checkbox to acknowledge your acceptance of each point (below).

I am applying for volunteer work with the Barunga West Council	<input type="checkbox"/>
I have read and understood the Barunga West Council's Employee Code of Conduct and agree to abide by the behaviours as set out therein.	<input type="checkbox"/>
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.	<input type="checkbox"/>
Take reasonable care of my own safety and that of others, utilize personal protective equipment in accordance with established safe work practices of Council and report any hazard or injury to myself or others as soon as practicable.	<input type="checkbox"/>
Ensure that I am not, by the consumption of alcohol or drugs in such a state as to endanger myself or others.	<input type="checkbox"/>
I understand that I will be required to undertake an induction as part of my volunteering.	<input type="checkbox"/>
I understand that I may be required to undertake and participate in programmed corporate or WorkHealth Safety training as it is scheduled by the Barunga West Council.	<input type="checkbox"/>
I declare the information contained in this application is true and correct.	<input type="checkbox"/>

Signature of Volunteer: _____ Date: _____

Thank you for completing the Volunteer Registration Form.

Please note that this is an application only and does not guarantee a volunteer position.

Please note: Due to the requirements of the Local Government Mutual Liability Scheme, applicants are not accepted as volunteers with the Barunga West Council until they have been approved and attended a Volunteer Induction session with the Barunga West Council.

Please forward this completed document to:

Barunga West Council

PO Box 3, Port Broughton SA 5522

Email: barunga@barungawest.sa.gov.au