

 Port Augusta CITY COUNCIL	VOLUNTEER APPLICATION FORM	Issued:	May 2015
		Reviewed:	July 2026
		Next Review:	July 2029

Application Date: _____ / _____ / _____

The following information is needed to ensure that we cover you under our insurance policy and offer you appropriate support services		
GIVEN NAMES:		☐ Mr ☐ Mrs ☐ Miss ☐ Ms
SURNAME:		DATE OF BIRTH:
RESIDENTIAL ADDRESS:		
POSTAL ADDRESS: (If different from above)		
CONTACT NUMBERS:		
Home:	Business:	Mobile:
EMAIL ADDRESS:		
FIRST AID:	Do you have a current First Aid Certificate ☐ Yes ☐ No	
SCREENING CLEARANCE:	Do you have a current screening clearance? ☐ Yes ☐ No	
IF TICKED YES; TICK RELEVANT CLEARANCE:	☐ Working with Children Check ☐ Aged Care Sector ☐ Vulnerable Person Related	
Do you have any medical problems or are you taking any medication which may affect your volunteering YES ☐ NO ☐		
NEXT OF KIN: (Person we will contact in the event of an emergency)		
GIVEN NAMES:		☐ Mr ☐ Mrs ☐ Miss ☐ Ms
SURNAME:		RELATIONSHIP:
RESIDENTIAL ADDRESS:		
CONTACT NUMBERS:		
Home:	Business:	Mobile:

SUPPORTING INFORMATION

Which Council Program would you like to join?
What day(s) would suit you to volunteer in the program?
How did you hear about the Council's Volunteer Program?

SKILLS AND EXPERIENCE
Do you have any experience in Volunteering before?
Do you have expertise in a particular field which you may like to share through volunteering? Please list:

It is Council policy to check references of all new Volunteers. Please provide details below: (Two referees, one business and one personal)		
Business Referee:		
GIVEN NAMES:	☐ Mr ☐ Mrs ☐ Miss ☐ Ms	
SURNAME:	COMPANY:	
CONTACT NUMBERS:		
Home:	Business:	Mobile:
RELATIONSHIP:		
Personal Referee:		

GIVEN NAMES:		☐ Mr ☐ Mrs ☐ Miss ☐ Ms
SURNAME:		COMPANY:
CONTACT NUMBERS:		
Home:	Business:	Mobile:
RELATIONSHIP:		
YOUR SIGNATURE:		DATE:

Other Comments:

PLEASE RETURN THIS COMPLETED REGISTRATION FORM TO:

Human Resources
Port Augusta Cultural Centre
6 Beauchamp Lane (PO Box 1704)
Port Augusta SA 5700

OR

PLEASE EMAIL THE COMPLETED REGISTRATION FORM TO:

VolunteerCoordinator@portaugusta.sa.gov.au

Insurance – Please note that Council's indemnifier does not cover any person under the age of 10 or over the age of 90. Also any person that does not hold an Australian Medicare Card is also not covered by Council's insurance policy for volunteers.

Port Augusta City Council Privacy Policy

Any personal details collected will be used only for the purpose of processing your registration, keeping records, and establishing your identity. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. Council is to be regarded as the agency that holds the information. You may make an application for access or amendment to information held by Council.

OFFICE USE ONLY	
HUMAN RESOURCE ACKNOWLEDGEMENT OF RECEIVED FORM	
SIGNATURE:	DATE RECEIVED: