

 Port Augusta <small>CITY COUNCIL</small>	<h2 style="margin: 0;">VOLUNTEER APPLICATION FORM</h2>	Issued:	May 2015
		Reviewed:	Nov 2022
		Next Review:	Nov 2025

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:		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
SURNAME:		DOB:	
HOME ADDRESS:			
			POST CODE:
POSTAL ADDRESS: (if different from above)			POST CODE:
CONTACT NUMBERS:	Home:	Business:	
Mobile:	E-mail:		
AGE GROUP:	<input type="checkbox"/> 21 – 30	<input type="checkbox"/> 51 – 60	<input type="checkbox"/> 81 – 89
	<input type="checkbox"/> Under 10	<input type="checkbox"/> 31 – 40	<input type="checkbox"/> 61 – 70
	<input type="checkbox"/> 10 – 20	<input type="checkbox"/> 41 – 50	<input type="checkbox"/> Over 90
		<input type="checkbox"/> 71 – 80	
FIRST AID	Do you have a current First Aid Certificate		<input type="checkbox"/> Yes <input type="checkbox"/> No
SCREENING CLEARANCE	Do you have a current screening check? (E.g. Child Related, Aged Care, Vulnerable Person)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any medical problems or are you taking any medication which may affect your volunteering YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTACT PERSON FOR EMERGENCIES		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
GIVEN NAMES:		SURNAME:	
RELATIONSHIP TO VOLUNTEER:			
Home:		Business:	Mobile:
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

It would be appreciated if you could supply the following information:
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): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Referee:			
GIVEN NAMES:		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
SURNAME:		COMPANY:	
TELEPHONE:	Home:	Business:	Mobile:
RELATIONSHIP TO APPLICANT:			
Personal Referee:			
GIVEN NAMES:		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
SURNAME:		COMPANY:	
TELEPHONE:	Home:	Business:	Mobile:
RELATIONSHIP TO APPLICANT:			

Other comments: _____

YOUR SIGNATURE:	DATE:
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**PLEASE RETURN THIS COMPLETED REGISTRATION FORM TO THE
Community Development Officer
Port Augusta City Council
4 Mackay Street (PO Box 1704)
Port Augusta SA 5700**

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.