	# VOLUNTEER INDIVIDUAL APPLICATION FORM

Application Date: __________/__________/__________

<table>
<tr><td colspan="4">The following information is needed to ensure that we cover you under our insurance policy and offer you appropriate support services:</td></tr>
<tr><td colspan="2">GIVEN NAMES:</td><td colspan="2">☐ Mr ☐ Mrs ☐ Miss ☐ Ms</td></tr>
<tr><td colspan="2">SURNAME:</td><td colspan="2">OTHER:</td></tr>
<tr><td colspan="4">HOME ADDRESS:</td></tr>
<tr><td colspan="3"></td><td>POST CODE:</td></tr>
<tr><td colspan="3">POSTAL ADDRESS:
(if different from above)</td><td>POST CODE:</td></tr>
<tr><td>CONTACT NUMBERS:</td><td>Home:</td><td colspan="2">Business:</td></tr>
<tr><td>Mobile:</td><td colspan="3">E-mail:</td></tr>
<tr><td>AGE GROUP:
☐ Under 10
☐ 10 – 20</td><td>☐ 21 – 30
☐ 31 – 40
☐ 41 – 50</td><td>☐ 51 – 60
☐ 61 – 70
☐ 71 – 80</td><td>☐ 81 – 89
☐ Over 90</td></tr>
<tr><td>FIRST AID</td><td colspan="3">Do you have a current First Aid Certificate ☐ Yes ☐ No</td></tr>
<tr><td>SCREENING CLEARANCE</td><td colspan="3">Do you have a current National Criminal History Record Check ☐ Yes ☐ No
(E.g. Child Related, Aged Care, Vulnerable Person)</td></tr>
<tr><td colspan="4">Do you have any medical problems or are you taking any medication which may affect your volunteering
YES ☐ NO ☐</td></tr>
<tr><td colspan="2">CONTACT PERSON FOR EMERGENCIES</td><td colspan="2">☐ Mr ☐ Mrs ☐ Miss ☐ Ms</td></tr>
<tr><td colspan="2">GIVEN NAMES:</td><td colspan="2">SURNAME:</td></tr>
<tr><td colspan="4">RELATIONSHIP TO VOLUNTEER:</td></tr>
<tr><td>Home:</td><td>Business:</td><td colspan="2">Mobile:</td></tr>
<tr><td colspan="4">Which Council Program would you like to join? What day(s) would suit you to volunteer in the program?</td></tr>
<tr><td colspan="4">How did you hear about the (Council's Volunteer Program)?</td></tr>
</table>

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): ☐ Yes ☐ No			
Business Referee: GIVEN NAMES:		☐ Mr ☐ Mrs ☐ Miss ☐ Ms	
SURNAME:		COMPANY:	
TELEPHONE:	Home:	Business:	Mobile:
RELATIONSHIP TO APPLICANT:			
Personal Referee: GIVEN NAMES:		☐ Mr ☐ Mrs ☐ Miss ☐ Ms	
SURNAME:		COMPANY:	
TELEPHONE:	Home:	Business:	Mobile:
RELATIONSHIP TO APPLICANT:			

Other comments: ____

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YOUR SIGNATURE:	**DATE:**

PLEASE RETURN THIS COMPLETED REGISTRATION FORM TO THE
Manager Strategy and Outcomes, 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.