

## VOLUNTEER APPLICATION FORM

### Personal details

Title	First Name	Surname	Preferred Name	Date of Birth
Street address			Suburb/Town	Postcode
Postal address (if different from above)				
Email		Home Phone Number	Mobile Phone Number	

### Tell us about yourself

How did you hear about volunteering with us?

- |  |  |
|--|--|
| <input type="checkbox"/> Council website                               | <input type="checkbox"/> Seek volunteering                                   |
| <input type="checkbox"/> Volunteer Connect                             | <input type="checkbox"/> Participant of a Council volunteer operated program |
| <input type="checkbox"/> Friend or family currently volunteers with us | <input type="checkbox"/> Other   |

Are you required to participate in volunteering for Centrelink? YES / NO

Have you volunteered before? YES / NO

*If so, we'd love to hear about it!*

What is your motivation to volunteer?

*Tell us about what you would like to get out of it!*

Please tell us a little about your employment history. What was your most recent paid position?

Position

Organisation

Please tell us a little about your experience and interests.

*Finding out about your talents, hobbies and interests is not just something we enjoy learning, it also helps us to find the right role for you. If you wish to try your hand at something new that is ok too!*

Skills and/or qualifications

Interests and Hobbies

## Finding the right volunteer role for you

We have a number of roles for which you can volunteer, if a particular service area(s) is of interest rank it by preference order: 1 = First preference, 2 = Second preference, etc. *Feel free to rank as many areas or as few areas as you like.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Library Services  | <input type="checkbox"/> Positive Ageing | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Community Centres | <input type="checkbox"/> Youth           | <input type="checkbox"/> Other _____    |

How often would you like to volunteer?

- Once a week                       A few times a month                       Once a month

When are you available to volunteer? Please tick all applicable boxes.

*Don't worry! We won't roster you on all of these shifts; this information helps us to find a suitable volunteer role for you.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*We have a duty of care to protect your health or health related condition while you are volunteering with us. Your answer to the following question will help meet our mutual needs.*

Do you have an existing medical disability/condition/injury that could affect your ability to perform the inherent requirements of the volunteer role you are applying for? YES / NO

If yes, please detail:

## Declaration

Depending on the role you are applying for, we may seek further information from you as part of our volunteer recruitment process. Please tick each check box to acknowledge your acceptance of each point.

I declare that the information contained in this application is true and correct.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand I may be required to participate in an interview and selection process, and also undertake reference, background checks and in some instances a medical check.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand there may be a trial period to ensure the volunteering role is the right fit for me and also Adelaide Hills Council.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand my ongoing volunteer status is subject to maintaining a clear police clearance and/or medical clearance if required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteering.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature\*:

Date:

\*If you are 17 years of age or under we require parent/guardian consent for your application to be considered.

Guardian Name:

Relationship:

Phone number:

I consent to \_\_\_\_\_ volunteering with Adelaide Hills Council.

Signature:

Date:

### Privacy Statement

Adelaide Hills Council abides by *Privacy Act 1988 (Cth)* in all its dealings with volunteers. The personal information you have provided will help us process you as a volunteer with our organisation and will be treated as confidential. We may also use your information in aggregate form for research purposes – in such cases individual data will not be personally identifiable.

Council office use only				
Contact with applicant made, note if message left:	Date:	Date:	Date:	Interview date scheduled: