



## Volunteer Application Form

<b>Personal Details</b>	
Family name _____	Title _____
First name(s) _____	
Home address _____	
Suburb _____	Post code _____
Telephone Home _____	Mobile _____ Work _____
Email _____	
Date of birth _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of birth _____	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
<b>Emergency Contact (2 required)</b>	
1. Full name _____	
Relationship _____	
Telephone Home _____	Mobile _____ Work _____
2. Full name _____	
Relationship _____	
Telephone Home _____	Mobile _____ Work _____
<b>Referee Details (not family members)</b>	
1. Full name _____	
Relationship/Role to applicant _____	
Telephone Home _____	Mobile _____ Work _____
<b>Applicant under 18 years of age</b>	
I (print full name) _____ am the parent/guardian/other (please specify) of the applicant and approve this application	
Signature _____	Date _____



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<b>Volunteer Background</b>
How did you become aware of volunteering opportunities in the Alexandrina Council?
Why do you wish to become a volunteer with the Alexandrina Council?
What type of volunteer work interests you?
What skills and abilities do you have that are relevant to a volunteering role?
What are your interests and hobbies?
Language(s) spoken (other than English)
When are you available to volunteer (which days, mornings, afternoons, weekend, anytime etc.)?



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Are you currently employed?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
If yes please describe your position/role	
Are you currently in a volunteering role?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please describe	
Are you looking for a volunteer role to meet Centrelink, work rehabilitation, study or any imposed requirements?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please describe	
Do you hold a current First Aid Certificate?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes state the date of your most recent qualification	First Aid Level
<b>Health Declaration</b>	
We have a duty of care to ensure that your health is not impaired as a result of any assigned volunteer role. Whilst completion of this section is not compulsory, it is to your benefit to equip us with relevant information to ensure your role and duties are appropriate to you and allow us to provide any necessary support.	
Have you ever suffered from a back condition or spinal disorder?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had or do you have a sight, hearing or speech condition?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever suffered from a heart or lung condition?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had any joint disorder/arthritis, rheumatism or similar?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had epilepsy, fainting spells or periods of unconsciousness?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a diabetic condition or a serious allergic reaction to anything?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any serious health issue which you consider we should be aware of?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you have answered yes to any of the above please describe the condition and any assistance we can provide to support you in your volunteering role	
If required would you be willing to undertake a medical examination if your role required one?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	



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Identification and Licences Information	
Do you have a drivers licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence No Please attach a copy	Class Expiry Date
Have you had any accidents or been convicted of any offences relating to the use of a motor vehicle in the last five years (excluding minor infringements)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please describe	
Please list and provide copies of any licences that will be required for you to perform your volunteer role. E.g. Boat Licence	
Please circle relevant areas of Interest	
Community Connect Goolwa (Community Hub)	Community Connect Strathalbyn
Goolwa Library	Visitors Information Centre Goolwa
Strathalbyn Library	Visitors Information Centre Strathalbyn
Events	River Boat Centre
Arts and Culture	Centenary Hall
PS Oscar W	Open Space – Parks, Gardens, Cemeteries
Applicant's declaration	
I, <b><u>(Please print your full name)</u></b> ..... declare that to the best of my ability the information contained in this Volunteer Application form is accurate and correct and I agree to notify the Alexandrina Council of any changes to my circumstances that may affect my volunteering role.	
I consent to a referee check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to a Criminal History Record Check if your role requires one?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Volunteer signature	Date

### Please forward this completed form to:

Volunteer Support Officer  
 Alexandrina Council  
 PO Box 21  
 GOOLWA SA 5214

Phone 8555 7000  
 Email [alex@alexandrina.sa.gov.au](mailto:alex@alexandrina.sa.gov.au)