Volunteer Application Form

APPLICANT DETAILS			
Last Name			
First Name			
Street Address			
Postal Address			
Email Address			
Home Phone		Mobile Phone	
Driver's Licence #		Class	

EMERGENCY CONTACT			
Relationship			
Family Name			
First Name			
Street Address			
Home Phone		Mobile Phone	

MEDICAL INFORMATION
Do you have an existing medical condition, disability/access barriers or injury that may affect your ability to perform tasks? If Yes please provide details
Do you take any medication that may affect your work? If Yes, please provide details

SKILLS AND QUALIFICIATIONS	
Formal Qualification	
Other Training/Certification	
Relevant Skills	

AVAILABILITY

If applicable, please indicate your availability by writing "yes" "no" or "maybe" in each box

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

DECLARATION

- I am applying for volunteer work which is unpaid with the Shire of Augusta Margaret River
- I declare the information contained in this application is true and correct
- I understand that I will be required to undertake induction/training prior to my commencement
- I understand that by signing this application that I am not guaranteed a placement

Signature	
Date	

PARENT/GUARDIAN

Where an individual wishes to undertake volunteer activities but is under 18 years of age, their parent/guardian must sign the section below.

As the parent/guardian of the applicant I agree to them undertaking volunteer hours with the Shire

Signature		Date	

VOLUNTEER POSITION (To be completed by Reporting Officer)

Title of Program/Event	
Dates Required	
Location	
Business Unit	

REPORTING OFFICER DETAILS

Name			
Position			
Signature		Date	

HUMAN RESOURCES AUTHORISATION

Name			
Position			
Signature		Date	