

APPLICATION FORM



Volunteering Application Form

VOLUNTEERING AT ISC (Please identify the areas in which you would like to assist)			
Event Volunteers	<input type="checkbox"/>	Historic Precinct	<input type="checkbox"/>
Youth Services	<input type="checkbox"/>	Ned Kelly Vault Host	<input type="checkbox"/>
Library	<input type="checkbox"/>	Telegraph Station Host	<input type="checkbox"/>
Visitor Information Centre / Tourism	<input type="checkbox"/>	Burke Museum Researcher	<input type="checkbox"/>
Children's Services	<input type="checkbox"/>	Museum Assistant	<input type="checkbox"/>
Walking School Bus	<input type="checkbox"/>		
Other:			
Is there any other area where you would like to offer your assistance?			
How did you hear about our service?			
Why do you wish to volunteer?			
What would you like to gain from volunteering?			

Personal Details – PLEASE WRITE IN CAPITAL LETTERS		
Full Name:		
Preferred First Name (If applicable):	Date of Birth: / /	
Home Address:		
Town/City:	State:	Postcode:
Postal Address (If different from above):		
Home Ph Number (Include area code):	Mobile Ph Number:	
Personal email Address:		
Are you of Indigenous Australian or Torres Strait Islander descent? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>		

Application Form



Emergency Contact 1:	Name:	Home Ph Number:
	Relationship:	Mobile Ph Number:
Emergency Contact 2:	Name:	Home Ph Number:
	Relationship:	Mobile Ph Number:

MEDICAL INFORMATION – PRE-EXISTING
 (Note: failure to disclose, or a false declaration relating to a pre-existing injury or illness may exclude you from compensation if that injury or illness is aggravated, accelerated, exacerbated or deteriorated by your volunteering).

Do you have any allergies? Yes No
 If yes, please list:

Are there any health issues/disabilities/courses of treatment or restrictions that may prevent you from performing particular types of activities or that we need to be aware of to provide appropriate support and assistance if required? Yes No
 If yes, please describe treatment plan:

Personal and or Health Information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The Personal and/or Health Information will be used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required by legislation. The applicant understands that the Personal and/or Health Information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to the applicable Volunteer Coordinator.

PLEASE PROVIDE COPIES

Driver’s Licence Number:	Class(es):
State/Territory issued:	Expiry Date: / /
Valid Working with Children Check: Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiry Date: / /
Comprehensive Car Insurance Policy Number: (Required for Community Care positions only)	WWC Check Number:

Previous Experience (PLEASE PROVIDE COPIES & ATTACH EXTRA SHEET IF NEEDED)

Volunteer or Employment role	Organisation	Period of Time

Skills and Qualifications (PLEASE PROVIDE COPIES & ATTACH EXTRA SHEET IF NEEDED)		
Name of Certificate/Diploma/Degree/Licence	Institution	Year Completed
Other skills that would enhance your involvement in volunteering? (Example: Speak another language)		

AVAILABILITY	
Days	Times Available
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	
How often would you like to be rostered? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	

ELIGIBILITY	
Do you have your own means of transport?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to undertake training if required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
It is a requirement of Council that potential volunteers undergo a National Police Check. For some roles, it is a legal requirement that volunteers hold a Working with Children Check.	
Are you willing to undergo a National Police Check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If required, are you willing to undergo/or do you have a Working with Children Check (WWC)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCE CHECKS (Please provide the contact details of 2 referees)		
Referee Contact 1:	Name:	Home Ph Number:
	Relationship:	Mobile Ph Number:
Referee Contact 2:	Name:	Home Ph Number:
	Relationship:	Mobile Ph Number:

ACKNOWLEDGMENT	
Please read each statement below and tick that you have read and understand the statements.	I have read and understood
A volunteer’s role is unpaid. Reimbursement for out of pocket expenses may be considered in some circumstances.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Completing this form does not automatically grant you a volunteering role with the Council. It is important that the Council engage volunteers that can safely and adequately undertake the requirements of the role. Council will need to assess that you’re suitable for any role. This may include (but not limited to) interviews, reference checks, physical assessments and police checks.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indigo Shire Council’s Personal Accident and Public Liability Insurance protects volunteer workers, registered with Indigo Shire Council in the event of any accident or injury caused to a person whilst performing authorised volunteer duties.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Volunteers are covered for temporary total or partial disablement.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance cover for volunteers only covers volunteers over 15 years and up to 90 years of age. As the applicant, you confirm you are within this age range.	Yes <input type="checkbox"/> No <input type="checkbox"/>
This insurance policy does not cover damage to a private vehicle being driven by a volunteer. Therefore, it is strongly recommended that all volunteers using a private vehicle be covered by their own comprehensive motor vehicle insurance policy. Volunteers should note that the Indigo Shire Council does not pay insurance costs for private vehicles. Indigo Shire Council will not cover costs incurred by volunteers driving uninsured vehicles.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to Indigo Shire Council initiating a routine National Police Check and understand that my application for volunteer work is be subject to the completion of a National Police Check. You are required to advise us of any reportable offences which led to a conviction prior to engagement and during your volunteering with Indigo Shire Council. It will be assessed as to whether you are ineligible to conduct the duties of the prescribed role. Indigo Shire Council reserves the right to periodically request a Police Check to be conducted at any time during your employment.	Yes <input type="checkbox"/> No <input type="checkbox"/>

For more detailed information concerning volunteer insurance please contact Indigo Shire Council’s Risk Advisor on: (03) 5728 8000.

INFORMATION PRIVACY POLICY

Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required by legislation. The applicant understands that the personal information provided is for the above purpose and that he/she may apply to Council for access to and/or amendments of the information. Any requests for access and/or correction should be made to Council's Privacy Officer.

CONFIRMATION

I confirm that the information contained on this form is true, correct and current.

Signature _____

Date _____

OFFICE USE ONLY			
Day:			
Area:			
Commencement Date:			
Police Check:		Sent:	Returned:
Working with Children check:		Sent:	Returned: