



Volunteer Application

Document reference 9.1.1

Version No	V1.1
Issued	June 2015
Next Review	June 2017

C O N F I D E N T I A L

1. Area in the Mid Murray Council you are registering to volunteer in

<input type="checkbox"/>	Committee – title	Activity
<input type="checkbox"/>	Heritage and Culture ie Museum, Heritage Vessels Group or Project title	Activity
<input type="checkbox"/>	Information Services ie Library, Visitor Information, Internet, Admin Group or project title	Activity
<input type="checkbox"/>	Community Services ie Leisure Centre, Driver, Group or Project title	Activity
<input type="checkbox"/>	Other	Activity

2. Personal Details

Title	Given Name (s)	Surname
Date of Birth	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential Address		
Postal Address		
Home Phone	Mobile Number	Other Number
Email Address		
Preferred method of contact:	<input type="checkbox"/> Email	<input type="checkbox"/> Post <input type="checkbox"/> SMS <input type="checkbox"/> Phone
	Yes	No N/A
Do you have a driver's licence?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Class: Licence No: Expiry Date:
Do you have commercial driver accreditation?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Expiry Date:
Have you been disqualified from driving in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Reason:
Do you hold a current first aid certificate?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Expiry Date:
Do you have a current National Police Check	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Ref: Issued: Expiry:
Do you speak another language?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Language.....
Do you consent for your image to be used in Council promotions?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

3. Volunteering Information

What days and times of the week are you available to volunteer?
If you have any relevant qualifications, work experience (in a paid or unpaid capacity), networks, skills or experiences you would like to share with Mid Murray Council, please let us know.
For what period of time would you like to volunteer with Mid Murray Council? (ie 3 months, 1 year, ongoing)
Are you volunteering as part of your obligation for any of the following: Yes <input type="checkbox"/> (indicate below) No <input type="checkbox"/>
<input type="checkbox"/> Centrelink <input type="checkbox"/> Work Cover <input type="checkbox"/> School Placement
<input type="checkbox"/> Other (please provide details)



Volunteer Application

Document reference 9.1.1

Version No	V1.1
Issued	June 2015
Next Review	June 2017

4. Emergency Contact

Title	Given Name(s)	Surname
Residential Address		
Home Phone	Mobile Number	Other Number
Relationship to you:		

5. Medical History (if medical condition or disability is identified, suitable duty plan will be devised)

	Yes	No
Do you have a medical condition or disability which may affect the type of work being undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any prescribed medication in relation to a specified medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please specify		

6. Referee Details

Referee 1	
Name	
Email Address	
Contact Number	
Relationship to you	

7. Applicant Declaration

- I understand that as a volunteer I will not be paid for engaging in work for Mid Murray Council.
- I understand that my information will be maintained with confidentiality, and will not be disclosed unless we have instructions, or are under a legal obligation, to do so.
- I understand that the referees I have listed may be contacted.
- I understand that I will be required to have a Workplace Health and Safety Induction prior to commencing volunteer duties.
- I understand that I have obligations under Council's Workplace Health Safety and Injury Management Policy, Volunteer Policy and Volunteer Code of Conduct and will endeavour to:
 - I understand that I will be required to have a full Workplace Health and Safety Induction prior to commencing volunteer activities;
 - Take reasonable care of my own safety and that of others at work;
 - Use personal protective equipment in accordance with the established safe work practices of Council;
 - Ensure that I am not, by the consumption of alcohol or drugs in such a state as to endanger myself or others;
 - Raise any matter, which gives cause for concern with the supervisor;
 - Notify any hazard and report any injury to myself or to others as soon as practical to the supervisor;
 - Maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.

I (full name).....
declare that the information given in this application is true and correct.

Signed..... Date.....

In case of a volunteer applicant being under the age of 18 years, a parent or authorised guardian must sign as well as the applicant.

I (full name of parent) give my permission for
 (full name of child) to work as a volunteer for Mid Murray Council.

Signed..... Date.....

Item 8 is Page 3 of this form is for Council office use only



Volunteer Application

Document reference 9.1.1

Version No	V1.1
Issued	June 2015
Next Review	June 2017

8. Council Office Use Only

Volunteers Name	
Volunteer Group	
Volunteer Activity	
Volunteer Activity Description issued	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, an Activity Description must be created	
person responsible.....target date / /	
Volunteer Induction arranged	Yes <input type="checkbox"/>
person responsible.....target date / /	
Volunteer engaged	Yes <input type="checkbox"/> No <input type="checkbox"/>
Engagement acceptance or unsuccessful letter sent on / /	
Signature	
Print Name	
Position	
Date	
Date entered onto register	
Record Number	