

The *Ambassador Program Volunteer Application Form* is for Hinchinbrook Shire residents to apply to become a Volunteer in Council's Ambassador program.

To return your completed form or for further information, please contact Council's Community and Development Services via email, council@hinchinbrook.qld.gov.au, phone 07 4776 4600, in person at Council's Main Office, 25 Lannercost Street, INGHAM QLD, or via post PO Box 366, INGHAM QLD 4850.

CONTACT DETAILS			
Name			
Preferred Name			
Address			
Home Phone		Email	
Mobile		Date of birth	

TELL US ABOUT YOURSELF			
Employment Details	<input type="checkbox"/> Self employed <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	Please confirm if you have the following	<input type="checkbox"/> Blue Card <input type="checkbox"/> Current First Aid <input type="checkbox"/> Responsible Service of Alcohol
What areas would you be interested in working as an Ambassador? More than one option can be selected	<input type="checkbox"/> Hinchinbrook Shire Library <input type="checkbox"/> Hinchinbrook Visitor Information Centre <input type="checkbox"/> Hinchinbrook Art Gallery <input type="checkbox"/> Council run community activities <input type="checkbox"/> Local History		

AVAILABILITY			
Please confirm your availability			
Commencement Date Date that you are available to commence as an Ambassador			
Please confirm how often you are available More than one option can be selected	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> On Call <input type="checkbox"/> Other, please specify: _____	<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	<input type="checkbox"/> Morning Shift <input type="checkbox"/> Afternoon Shift

MEDICAL INFORMATION

Injuries/Conditions

Do you have any existing injury/conditions that would prevent you performing any aspect of the voluntary role or that would affect your health and safety and/or that of others?

If yes, please provide details and if necessary, attach any relevant documentation.

EMERGENCY CONTACT INFORMATION

Please provide two emergency contacts.

Name		Home phone		Mobile	
Name		Home phone		Mobile	

Privacy Notice and Disclaimer

Hinchinbrook Shire Council is collecting your personal information to process your submission as stated in this form. The collection of this information is authorised under the *Local Government Act 2009*. Your personal information will not be disclosed to a third party unless required by law. You may access this information on the appropriate form obtainable from Council's website at any time.

SIGNATURE REQUIRED

If under 18 years of age, Council must have the Volunteers' parent or legal/recognised guardian consent.

Signature		Date	
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