

This information will be kept confidential. You may return this form to the Manager of the relevant working area if you wish.

Section 1: Volunteer Information									
Volunteer Name					Preferred Name				
Address									
Telephone					Mobile				
Email					Date of Birth (required for insurance purposes)				
Are you <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									
Why do you want to volunteer with Council?									
What skills and experience can you offer?									
What are your interests and/or hobbies?									
Do you have a first aid certificate? (not essential)									
Do you have a Blue Card? (not essential)									
Section 2: Your General Availability									
When can you commence?									
How often are you available?		<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> On Call <input type="checkbox"/> Other _____							
Please complete the following to provide us with a general indication of your availability:									
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Public Holidays		
The hours and work patterns will be discussed with you and agreed between yourself and the relevant Officer/Manager.									
Section 3: Area of Interest									
<input type="checkbox"/> Library									
<input type="checkbox"/> TYTO Information Centre									
How long have you lived in the region?									
Rate your knowledge of the region				<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
Tyto Wetlands Information Centre seeks a commitment of at least five (5) hours per month.									
<input type="checkbox"/> Hinchinbrook Gallery - please indicate your area of interest									
<input type="checkbox"/> staffing gallery venue		<input type="checkbox"/> exhibition installations		<input type="checkbox"/> exhibition openings					
<input type="checkbox"/> art workshops		<input type="checkbox"/> events promotion		<input type="checkbox"/> office administration					
The Hinchinbrook Gallery seeks a commitment of at least three (3) hours per month or times as agreed for special occasions/displays.									
Do you have experience working in an art gallery?				<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Other Area of Council _____									

Please turn this form over and complete the information overleaf.

Electronic version current. Uncontrolled Copy current only at time of printing

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 Authorised By: Strategic Management Team
 Document Maintained By: Human Resources

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 Initial Date of Adoption: 2009
 Current Version Adopted: 3 November 2010

Section 4: Medical Information

Do you have any an existing injury/condition that would prevent you performing any aspect of the voluntary role or that would affect your health and safety and/or that of others? Yes - provide details No
Details (attach separate if necessary):

Section 6: Emergency Contact Information

Please provide two contact persons we may contact in the event of emergency:

Name		Home Phone		Mobile	
Name		Home Phone		Mobile	

The information detailed on this application is true to the best of my knowledge. I understand that as a volunteer I will be required to attend training where reasonably necessary and that I am subject to any relevant workplace legislation.

Volunteer Signature: _____ Date: _____

*If under 18 years of age, Council must have the volunteer's parent or legal/recognised guardian consent:

Name of parent, legal/recognised guardian: _____ Signature _____ Date: _____

Processing:

We thank you for taking the time to complete this form and to offer your services on a voluntary basis.

Once the relevant Manager receives this form they will be in contact with you to discuss your application.

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