Volunteer Application Form

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EXPLANATION OF PURPOSE OF VOLUNTEER APPLICANT & PERSONNEL PARTICULARS FORM

This form is to be completed by persons who are applying to undertake voluntary activities on behalf of or in consultation with Council.

It is designed to elicit appropriate information from the volunteer to assist Council in determining the suitability of the volunteer for the task. It also assists in identifying the training and safety equipment required in accordance with Councils Risk Management strategies and Work Health & Safety requirements.

The Council employee signing the form on behalf of the Council is to ensure that any training, protective clothing (e.g. hat, sunscreen, safety vest, etc), and tools required are issued prior to the volunteer commencing the task. When volunteers are using their own tools and or personal equipment this must be inspected and certified by the project manager (or delegate) and recorded on the volunteer tool register.

Applicant details

Name: _____ Phone:_____

Address: _____

Email: _____

Note: if applicant is under the age of 18 a parent or guardian must co-sign this application and the volunteer must be supervised at all times by a responsible adult.

Close relative to be contacted in case of emergency:

Name: _____ Phone: _____

Type of volunteer work for which application is made

_____

Skills held in relation to this task:

_____

Previous Experience as a Volunteer or Employee:

_____

Referees:

Name: _____ Phone: _____

Name: _____ Phone:_____

Special Needs
Please list any health or special needs that Council should be aware of whilst you are a Volunteer:

_____

_____

Work details
(To be completed by Council employee in charge of work area)

Location of work:

_____

Type of work:

_____

Proposed work duration:

_____

Training required

_____

Tools and protective equipment required for work:

Identify which (if any) tools or equipment are to be provided by volunteer:

Volunteers are not to use their own tools or protective equipment unless it has been inspected and certified by the project manager (or delegate), any such inspection and certification must be recorded on the accompanying form.

Unless otherwise specified in writing, all loss or damage to tools supplied by Volunteers shall be at the risk of the Volunteer and not Council.

Applicant Declaration

I agree to council conducting probity checks (where appropriate) in accordance with the protection of children legislation.

I agree to referees being contacted in relation to this application to provide voluntary services to Council.

I agree to work under the guidance and supervision of the Council employee responsible for the area of work for which I have applied.

I agree to use the tools and protective equipment specified in this application.

I agree to contact the Council employee designated if I intend to vary the nature of work specified in this application, or if I experience any problems with the work I am undertaking.

I understand that Council may terminate my volunteering services if I do not comply with any aspect of this agreement.

I agree to inform Council of any injuries sustained by me whilst undertaking volunteering activities and of special needs that I may have in regard to my health.

I understand that all claims for any medical costs incurred as a result of my volunteering activities will need to be made upon Medicare or my own medical fund. Any costs that may be covered by Council generally relate to

non-Medicare medical expenses as defined in the Private Health Insurance Act 2007, or out of pocket expenses not recoverable from any other source, bound by conditions of the policy wording.

I agree to undertake any training deemed necessary by Council in relation to my volunteering services to ensure that I comply with all policies and legislative obligations of Council.

I understand that as a volunteer I am expected to maintain the same standards of confidentiality, courtesy and organisational discipline as Council's paid employees.

I understand that I must not consume alcohol or drugs of any nature while I am acting as a volunteer for Council and I agree to inform Council of any medication that I may either self-administer or have administered by another person

I agree to work in a constructive and cooperative way with Council staff, and comply with any safety procedures requested.

I understand that I am volunteering my services to council and will not receive remuneration for my services, and that I will inform council when I no longer wish to be considered for further volunteering activities.

Signed: _____ Date: …../…../…..

OFFICE USE ONLY

Protective tools & equipment to be provided by Council:

_____

Traffic management plan provided by Council

_____

The applicant is **approved** / is **not approved** for the work specified in the form. (Strike out if not applicable)

Signed: _____ Date: …../…../…..

(Manager or Director in charge of work area)

- ☐ Signed copy of form to be returned to applicant and placed on file.
- ☐ Traffic Management Plan Supplied
- ☐ Form posted to applicant.
- ☐ Form placed on file.
- ☐ Volunteer tools and protective equipment register completed.

Signed: _____ Date: …../…../…..

The personal information provided in this document is protected under the Privacy and Personal Information Protection Act, 1998. The PPIPA provides for the protection of personal information, and for the privacy of individuals.
The Hilltops Council must not disclose your personal information to any person or body if it is not directly related to the purpose for which the information was collected.
If you have a complaint, or require further information about the collection and use of personal information, please contact Council's privacy officer