Text

Description automatically generatedVolunteer Application Form

MC900411306[1]Before printing this document; you can choose to complete it by,

1. Printing and manually filling in the form, or
2. Filling it in by clicking in the answer fields and typing your response. Then, saving the document on your computer and attaching it to an email.

Complete the form on the following page, then forward it to:

|  |  |  |
| --- | --- | --- |
| **Email** | **Mail** | **Deliver** |
| Volunteering Resources Coordinator | Volunteering Resources Coordinator | Volunteering Resources Coordinator |
| [info@strathbogie.vic.gov.au](mailto:info@strathbogie.vic.gov.au) | Strathbogie Shire Council | Strathbogie Shire Council |
| 1800 065 993 | PO Box 177 | 109A Binney Street, Euroa |
|  | Euroa VIC 3666 | Mon – Fri 9:00am – 5:00pm |

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| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1 – YOUR CONTACT DETAILS** | | | | | | |
| **Your name** |  | | | | | |
| **Address(include user group(s))** |  | | | | | |
| **Email** |  | | | | | |
| **Mobile** |  | **Phone** | | |  | |
| **Date of Birth** |  | | | | | |
| **SECTION 2 – EMERGENCY CONTACT INFORMATION** | | | | | | |
| **Name** |  | | **Relationship to you** | | |  |
| **Address** |  | | | | | |
| **Mobile** |  | **Phone** | | |  | |
| **SECTION 3 – YOUR VOLUNTEERSING INTERESTS – tick all that apply** | | | | | | |
| **Why are you interested in volunteering?** | 🞎 Meet new people | | | 🞎 Contribute to the community | | |
| 🞎 Learn new skills | | | 🞎 To help me get a job | | |
| 🞎 Share my skills | | | 🞎 Have fun | | |
| 🞎 Other | | | | | |
| **What program are you interested in?** | 🞎 Euroa Hub | | | 🞎 Nagambie Visitor Information Centre | | |
| 🞎 Euroa Cinema | | | 🞎 L2P (Driver Training) | | |
| 🞎 Other | | | | | |

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| **SECTION 4 – MEDICAL INFORMATION – PRE-EXISTING CONDITIONS** | | | | |
| **Are you aware of any injury or illness (current or past) which may recur or be aggravated by undertaking the type of work being offered?** (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 volunteer employment). | | | 🞎 No  🞎 Yes (provide details below) | |
| **Additional details:** | | | | |
| **Are there changes which can be made to the work /conditions /equipment which may minimise or reduce any potential impact on such injury or illness?** | | | 🞎 No  🞎 Yes (provide details below) | |
| **Please describe:** | | | | |
| **SECTION 4 - APPLICANT** | | | | |
| I have been informed of, and understand, the nature and type of work to be undertaken in the voluntary position for  which I have applied for. | | | | |
| **Applicant’s Signature** |  | **Date** | |  |
| **Coordinator’s Signature** |  | **Date** | |  |

*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 Council’s Privacy Officer.*