

CITY OF BELMONT

Application for Registration to Volunteer

All details you provide will remain private and confidential and used only for volunteering purposes for the City of Belmont.

PERSONAL DETAILS							
Family Name:				First Name:			
Street Address:						Postcode:	
Email Address:							
Telephone	Home:			Mobile:			
Emergency Contact							
Name:			Phone Number:			Relationship:	
Do you have a current Driver's Licence?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Tick appropriate boxes below</i>	
Car	Manual <input type="checkbox"/>	Automatic <input type="checkbox"/>	Date of Birth:				
VOLUNTEER POSITION							
<i>Please provide details of the program or specific volunteer role(s) that you are interested in</i>							
Program/Activity (e.g. Library)	Location			Volunteer Role			
AVAILABILITY TO VOLUNTEER							
Preferred Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>
	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>
SKILLS AND QUALIFICATIONS							
Formal Qualifications: (E.g. Diploma, Degree, Trade Certificate etc.)							
Other Training/Certification/Computer skills: (E.g. First Aid, Advanced Driving, Word, Excel etc.)							

REFEREES

Please provide the contact details of two people who are not family and who are willing to act as a referee for your chosen voluntary work position. This should be person(s) that you have known for at least two years.

Referee 1

Name:

Relationship:

Phone:

Email:

Referee 2

Name:

Relationship:

Phone:

Email:

PARENTAL CONSENT

This section of the application form must be completed by all applicants **under the age of 18**.

Parent/Guardian's Name:

Relationship to Applicant:

Email:

Mobile:

Phone:

I give permission for the applicant to work as a volunteer for the City of Belmont.

Parent/Guardian's Signature:

Date:

MEDICAL INFORMATION

Under the WA Occupational Safety Health Act 1984 Local Government has a duty of care to ensure the safety and health of any members of the public that have access to Local Government sites. Answers to the following questions will ensure that you are engaged for voluntary work that is appropriate to your fitness for work and ensure the safety and health of those in our volunteers care.

Do you have a **medical condition** or a **life-threatening illness** which **may** affect your voluntary work?

Yes No

If "Yes", please advise your supervisor and describe your condition:

DECLARATION

I agree to comply with the following terms and conditions that refer to my participation in all voluntary work for the City of Belmont.

I am applying for volunteer work.

I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.

I shall respect the rights, feelings and property of all others associated with my volunteer work.

I declare that the information contained in this application is true and correct.

I understand that I may be required to undergo an interview and selection process, undertake a reference check and background check (National Police Clearance and/or Working With Children Check etc.)

I understand that I will be required to undertake an Induction and/or training program prior to my commencement of my volunteer role and that I am covered by City of Belmont volunteer insurance whilst performing the specified volunteer task(s).

I will not smoke, consume or store alcohol or illicit drugs while working voluntarily on site.

I shall cooperate with my Supervisor/Volunteer Program Officer to ensure a safe, healthy and hygienic team environment.

I hereby give the City of Belmont and its officer's permission to take photographs or recordings of me, in which I may be involved with others, for the purpose of promoting the City of Belmont and its activities and discharge the City of Belmont from any and all claims arising out of the use of photographs and recordings.

Signed:

Name (please print) :

Dated: