

City of Belmont

Application for Registration to Volunteer



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

Personal Details						
First name:		Last name:				
Address:						
Email:				Phone:		
Date of Birth:						
Emergency Contact						
Name:						
Relationship:			Phone:			
Volunteer Position						
Please provide details of the program or specific volunteer role(s) that you are interested in.						
Program/Activity	Location		Volunteer Role			
Availability to Volunteer						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am ☐	am ☐	am ☐	am ☐	am ☐	am ☐	am ☐
pm ☐	pm ☐	pm ☐	pm ☐	pm ☐	pm ☐	pm ☐
Other:						

What attracted you to the Volunteer Program?

Skills, Qualifications, Experience or Interests?

As a Volunteer, would you prefer working with people on an individual basis, in groups or would you prefer working alone?

What type of Volunteer activity would you prefer and if working with people, what client group would you prefer to work with?

Referees

Please provide the contact details of two people who are not family members and who are willing to act as a referee for your chosen voluntary role. 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 if the applicant is **under the age of 18**.

Parent/Guardian's Name:		Relationship to Applicant:
Phone:	Email:	

I give permission for the applicant to volunteer with the City of Belmont.

Parent/Guardian's Signature:	Date:
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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 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 with the City of Belmont.

I am applying for a Volunteer role.	☐
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my Volunteer role.	☐
I shall respect the rights, feelings and property of all others associated with my Volunteer role.	☐
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 the City of Belmont's 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.	☐
Signature:	
Print Name:	
Dated:	

Your personal information is collected by the City of Belmont for the purpose of responding to your enquiry or completing your request for services. For further information, please search <https://www.belmont.wa.gov.au/pris>