



City of Victor Harbor - Volunteer Application/Registration Form

Confidential

Title: Miss Ms Mrs Mr Other

Surname _____ Given Name/s _____

Date of Birth / / (for insurance & record keeping purposes)

Address _____ Post Code _____

Postal Address (if different): _____ Post Code _____

Telephone _____ Mobile _____

Email _____

Please list any language/s spoken other than English? _____

Emergency contact person _____ Relationship _____

Contact Number _____ Alternative Number _____

Referees: Please nominate two referees, e.g. employer, previous volunteer manager, colleague.

1. Name _____ Phone _____

Relationship to you _____

2. Name _____ Phone _____

Relationship to you _____

In which area/s of Council are you interested in volunteering? _____

Why do you wish to become a Volunteer? (please tick any relevant)

- Help others & the community
- Share knowledge/skills
- Meet people & socialise
- Other
- To gain experience/ learn skills
- For a certificate/ requirement
- Personal Development

Previous Volunteer experience (if applicable) _____

Relevant skills and/or qualifications _____

Do you have a current first aid certificate? Yes / No Date of Expiry _____



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How much time would you like to dedicate to Volunteering? _____
hours per _____

Which days are you available?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<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"/> 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

Are you available on a regular basis? Yes / No

If no please specify what dates you are available? _____

Health Information

Please list any health issues, physical conditions and medications *which may impact on the type of volunteer work you would be performing*; e.g., back problems, allergies:

Please list any prescribed medications which may impact on your volunteering:

I agree to undertake a medical examination if required? (at cost to Council) Yes / No

Driving Information

Do you have a current driver's licence? Yes / No Date of Expiry _____

If yes please provide your licence number _____ Type of licence _____

Do you own/have use of a vehicle you would be willing to use for Volunteer work? Yes / No

Is this car comprehensively insured? Yes / No

Have you been convicted of any offences relating to the use of a motor vehicle in the last 5 years or been involved in a motor vehicle accident? Yes / No

If yes please provide details _____

I agree to undertake a Police Check if required? (at cost to Council) Yes / No

Declaration

I declare the information contained in this form to be accurate and true. I give authorisation for referees to be contacted.

Volunteer's signature _____ Date / /

Staff only: Vol Program _____ Commencement Date: _____ Completion Date: _____