



Volunteer Application Form

Personal Details

First Name _____ Surname _____

Date of Birth (or year of birth) _____ Gender Female Male

Address _____ Town _____ Postcode _____

Home Phone _____ Mobile _____ Email _____

Where did you hear about volunteering with Council? _____

Please provide a brief statement as to why you would like to become a volunteer with Council?

What is your employment status: (please circle one)

Studying Working Retired Looking for Work

Volunteering Opportunities

What program are you applying to volunteer with? _____

Are you involved with other volunteer roles with Benalla Rural City Council? Please list.

Emergency Contact Details

Name _____ Relationship to you _____

Home Phone _____ Mobile _____

Availability

Please indicate your availability for volunteering.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

How often would you like to volunteer?

Weekly Fortnightly Monthly At call One off projects

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Skills and Knowledge

Have you any particular skills you would like to share or put to use? (if you have a resume feel free to attach a copy)

Do you speak any language other than English? Yes No
If yes, what language/s do you speak? _____

Do you have any of the following?

- Own means of transport
- Current car driver's licence Expiry date _____
- Comprehensive car insurance Expiry date _____
- Current bus / truck licence Expiry date _____
- Current Police Check Expiry date _____
- Current Working with Children Check Expiry date _____

Pre-existing medical or health conditions

Do you have any pre-existing medical or health conditions that may affect the type of work you do as a volunteer? Yes No

If yes, please provide details of potential restrictions to work _____

Security Check

Depending on the position you apply for, volunteers may be required to undertake a Police Check and/or Working With Children's Check. As a volunteer, are you willing to complete a form which gives authority for these security checks to be completed if necessary? Yes No

Referee Details

Please provide two referees who can tell us about your work/volunteering history and skills.

	Name	Relationship	Phone
1			
2			

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Volunteer Declaration

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

- I consent to my personal details being on the Benalla Rural City Council Volunteer Database
- I understand that my details will not be given to other parties outside of the Benalla Rural City Council

Volunteer's Signature _____ **Date** _____

Parent/guardian permission (to be completed if volunteer is less than 18 years of age)

Parent/guardian name _____ Date _____

Parent/guardian signature _____

Privacy Notification

Benalla Rural City Council respects your privacy. Council will not use or disclose information about an individual other than for the primary purpose for which it was collected unless required or permitted to do so by law, if it is for a related purpose that the individual would reasonably expect, or if we have the individual's consent to do so. If you want to see your personal data, modify your details, or if you received information from us you do not want in the future please contact the Privacy Information Officer on 5760 2600.

If you have any questions about the application process please contact the Customer Service Centre on 5760 2600 and ask for the Volunteer Development Coordinator.

Please return your completed volunteer application form:

In person to: Benalla Rural City Council, Customer Service Centre, 1 Bridge St Benalla
Mail to: Benalla Rural City Council, PO Box 227, Benalla Vic 3671
Email to: council@benalla.vic.gov.au

Thank you for your interest in volunteering with the Benalla Rural City Council.

Volunteers – Making a Difference

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