

Volunteer Registration Form

Personal Information

Full Name		
Address		
Date of Birth	/	/
Mobile		
Home or Work Phone		
E-Mail Address		
Drivers Licence Number		Expiry Date / /
Personal vehicle information	Are you happy to use your vehicle for volunteer work?	Yes / No (please circle)
	If yes, what type of vehicle do you have?	
	Is your vehicle comprehensively insured?	Yes / No (please circle)
Do you have a First Aid Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Working with Vulnerable People registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No Registration number _____ (please provide a copy)	
Current employment status	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> FT Student <input type="checkbox"/> Self Employed <input type="checkbox"/> FT Employed <input type="checkbox"/> PT Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other	
Current or previous occupation		
Are you on Work Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Availability

What days and hours are you available for volunteering?

Interests

Tell us which areas you are most interested in volunteering

- Events
- Community Gardens
- Fundraising
- Volunteer Coordination

Special Skills or Qualifications

Tell us what skills you have that are relevant to volunteering. .

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Previous Volunteer Experience

If you have previous volunteering experience, please tell us about it.

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Emergency Contact

Full Name	
Street Address	
Suburb and State	
Mobile Phone	
Home/ Work Phone	
E-Mail Address	

Medical Conditions

Sometimes Volunteers may have medical conditions/disability/restriction that may affect the type of volunteer work that they do.

Current medical conditions (if any)	
If required, are you prepared to undertake a medical examination?	
Is there anything else that we should know?	

Our Policy

It is the policy of Council to provide equal opportunities to all community members willing to volunteer.

In completing this form, you will be providing "personal information" and, as such, it will be treated in accordance with the *Privacy Act 1988 (Commonwealth)* and the *Personal Information Protection Act 2004 (Tasmania)*, Flinders Council is collecting personal information for the purpose of registering you to be a volunteer. The information will only be used for the purpose it was collected and will not be disclosed to any other organisation unless required to do so by law.

Agreement and Signature

As a volunteer, I understand that I will be working on behalf of Flinders Council without remunerations, for its business of supplying services to its local community. I also understand that in doing so I am subject to Flinders Council's Code of Conduct. I also have obligations under current Tasmanian Law and Flinders Council Policies and Procedures. In adhering to Flinders Council's Policies and Procedures, I will endeavor at all times to:

- Take reasonable steps for my own safety and that of others that may be affected by my work with all care, skill and diligence;
- Use personal protective equipment in accordance with the established safe work practices of Flinders Council;
- Ensure that I am not working under the consumption of alcohol or drugs and/or in such a state as to endanger myself or others;
- Report any matter, of which I may have concern, to the volunteer supervisor/coordinator;
- Immediately report any accidents/injuries or near misses that involve me or others as soon as practicable to the volunteer supervisor/coordinator;
- Work only within the scope of work and limitations that have been set and outlined to me specifically by a volunteer supervisor/coordinator;
- Keep confidential any information that I may be privy to in the course of my volunteer work for Flinders Council.

I also acknowledge that Flinders Council, through its volunteer supervisor/coordinator, may immediately terminate my services at any time for any breaches of its Code of Conduct, Policies or Procedures.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Volunteer's Name (printed)	
Volunteer's Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with Flinders Council.

Please note – the submission of this application form does not guarantee acceptance. Flinders Council reserves the right to accept or reject applications without explanation.

A Volunteer Role Statement will be issued to successful applicants which will outline their scope of works and limitations.