



VOLUNTEER REGISTRATION

For Photo after
induction

| Contact Details | |
|---|-------------------|
| (Mr/Mrs/ Ms) First Name: | |
| Surname: | |
| Address: | Post Code: |
| Phone: (H) | (W) |
| Mobile: | |
| Email Address: | |
| Date of Birth | |
| Languages Spoken: | |
| About You | |
| Gender : | Country of Birth: |
| Preferred Method of Contact: | |
| Do you give consent for Council to use your photographs of you as a volunteer for promotion and marketing purposes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| General Volunteer Interests & Activities | | | |
|---|---|--|--|
| Community Liaison (Surveys) | Internet Centre – Administration Support | Special Events - General Event Assistance | Tourism Centre - Visitor Information |
| Community Services – Online Administrative Support | Library Services – General Assistance | Special Events - Road Marshalls | Tourism Centre - Garden / Grounds Maintenance |
| Community Services – Youth Mentoring / Events | Library Services – Story Time | Special Events - Merchandise | Tourism Centre – Model Railway Operator |
| Crystal Brook Community Bus - Aid | Library Services – Disk Wizard Operator | Special Events - Registration Centre /Event Liaison | Tourism Centre - Pirie Rail Express |
| Crystal Brook Community Bus - Driver | Library Services – Home Library | | |

| General Availability | | | |
|--|-----------------|------------------|-----------------|
| Are you available for assisting with: <input type="checkbox"/> Special Events <input type="checkbox"/> Public Holidays <input type="checkbox"/> School Holidays | | | |
| Days and Time Available | | | |
| | <i>Mornings</i> | <i>Afternoon</i> | <i>Evenings</i> |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

| | | | |
|----------|--|--|--|
| Saturday | | | |
| Sunday | | | |

General Details

How did you learn about the volunteering with the Port Pirie Regional Council? Council Enquiry
 Website Library Local Paper Notice Board Word of Mouth
 Other * please specify:

Why do you wish to become a volunteer with us?

Employment Status

Which of the following describes your situation?

Employed Unemployed Retired Seeking Employment Centrelink
 Student Other (please specify - discuss with interviewer)

Work History and Qualification Details

Please provide a brief history of your previous work and or volunteer experience

Please provide a list of any skills or qualifications that you hold

Emergency Contact Details

Emergency contact person:

Relationship

Address

Phone (H) (W)

Mobile:

Medical Details

Do you have any medical conditions/ restrictions that may affect your ability to undertake volunteer tasks?

Yes (If yes, provide details below / discuss with interviewer) No

If Yes above, how can we best assist you as a volunteer?

Background Check

Do you have a National Police Certificate Yes No (see other form of Identification)
(* some activities require a current NPC)

Expiry Date: _____ Certificate Number: _____

Other form of Identification

Passport Citizenship Certificate Letter of Reference (GP, Supervisor, Teacher, Sponsor, Guardian)

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|--|
| Referees information <i>(Previous supervisor / preferred - alternatively friend neighbour)</i> |
| Name: _____ |
| Relationship? _____ |
| Phone: (H or W) _____ |
| Mobile: (M) _____ |
| General Driving Information |
| Do you have a current drivers licence? <input type="checkbox"/> Yes <input type="checkbox"/> No Class of licence _____ |
| Expiry Date: _____ |
| Are you willing to use your vehicle for volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please indicate the make and model of vehicle _____ |
| Is your vehicle comprehensively insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Company and Policy Number: _____ |
| Expiry Date: _____ |

| |
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| PERMISSION STATEMENT FOR VOLUNTEERS UNDER THE AGE OF 18 YEARS (GUARDIAN / PARENT) |
|--|

I, _____
(Mr/Mrs/Ms) First Name Last Name
Of _____
(Address)

Phone: _____ (Home) _____ (Work)

Mobile _____ Email _____

I am the legal parent/guardian of child/youth:

(Name of child/ youth under 18 years of age)

Date of birth of child/ youth _____

I give permission for the above child/youth to be a registered volunteer with the Port Pirie Regional Council and understand that the above child/youth is supervised at all times as far as is reasonably practicable while performing their volunteer duties only. After this time the child/youth to perform only the tasks that area required as part of the duties as negotiated with the supervisor of the program.

Signed: _____ Date: _____

Volunteer Commitment – As a Volunteer I will:

- ◆ Take reasonable care of my own safety and that of others at work;
- ◆ Use personal protective equipment in accordance with the established safe work practices of Council;
- ◆ Provide up to date contact information in the event of an emergency
- ◆ Ensure that I am not, by the consumption of alcohol or drugs in such a state as to endanger myself or others;
- ◆ Notify any hazard and report any injury to myself or to others as soon as practicable to the supervisor or volunteer coordinator.
- ◆ I understand that all information about client or customer information, obtained during the course of my work needs to be treated in a confidential manner and not disclosed to external sources. That I will direct any media enquires to my supervisor
- ◆ I consent to a Police and Referee Checks being conducted

I certify to the best of my ability that the above information is accurate and correct and agree to advise the organisation should a change occur to my circumstances or health condition which could affect the volunteer work I perform.

Signature: _____ Date: ____/____/____

We thank you for considering to volunteer with us at the Port Pirie Regional Council

Recruitment Process

- 1. Complete the Registration Form**
- 2. Phone supervisor in Area of Interest to organise a face - to- face interview, bring along current Drivers Licence Police Check, other form of identification, Resume, Letter of Reference if this is required**
- 3. Interview and discussion of the Volunteer Role, Time Commitment and Availability of Position. (If no vacancies available you will be given the choice of an alternative role or will be put on the waiting list.)**
- 4. Successful applicants will be provided with a Date and Time of Commencement. A Letter of welcome will be sent out to you.**
- 5. On the Date of Commencement you will be given a Council Induction & Orientation for the Volunteer Activity, Information and other forms to sign. You will then be given a trial of 6 weeks probation period to see if this role is suitable for you.**

All volunteer information and documentation will be stored electronically by the Port Pirie Regional Council and will only be accessible to authorised Council staff and Volunteers. Your information is confidential and will not be disclosed to any unauthorised individuals.

Notes :
