



VOLUNTEER WORKERS

Surname (Block Letters) _____ Ms/Mrs/Miss/Mr _____

Other Names: _____ Preferred Name: _____

Home Address: _____ Post Code: _____

Postal Address: _____ Post Code: _____

In Case of Emergency , Contact: _____ Telephone: _____

Telephone Numbers: Private: _____ Contact: _____

Mobile: _____ Email: _____

What area of Council are you volunteering for? _____

DECLARATIONS

Privacy and Personal Information Protection Act 1998:

I acknowledge that:

- the personal information provided in this application is collected for the purpose of assessing suitability for employment for the position stated above
- access is limited to use by Council employees and other authorised persons
- supply of the personal information is voluntarily supplied and non-supply may cause delay or inability to proceed in the processing of this form
- the personal information provided will be stored in Council’s records system.

.....
Signature of Applicant

Special Needs:

Q: Do you have any known medical condition, which the Council will need to accommodate? Yes No

If so, please give details:

Volunteer Statement:

I understand, acknowledge and certify that:

- Council will cover all volunteer workers against workplace injury or work-related illness
- no payment will be made for work performed as a volunteer worker and I state that I will not take any action against Council in the future to seek payment for voluntary work performed
- all answers and statements contained in this application form and any attachments thereto are true and complete to the best of my knowledge
- should I provide untruthful or misleading information, this application may be rejected or my voluntary employment with Council subsequently terminated.
- Council will need to comply with the Child Protection Act where volunteers are working in areas with children.

Signature: _____ Date: _____

Please provide the names and contact details of two (2) referees you authorise Council to contact, if required.

Thank you for applying to be a volunteer with Cootamundra-Gundagai Regional Council.

FOR OFFICE USE ONLY:			
Staff Recommendation:	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	_____ (signature)
General Managers Recommendation:	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	_____ (signature)
Entered in Volunteer Register:	By _____	Date _____	