



Volunteer Application Form

The following information is needed to process your volunteer application and to ensure we cover you under our insurance policy and offer you appropriate support services.

The information we receive from you will be kept confidential in line with our Privacy Policy.

Please complete and return to Human Resources: at 536 New South Head Rd, Double Bay, by mail to PO Box 61, Double Bay 1360, email: jobs@woollahra.nsw.gov.au or fax 9391 7032

Given Names: _____

Surname: _____ Mr Miss Mrs Ms

Home Address: _____

Postal Address:
(if diff from above) _____

Contact Details: Home: _____ Mobile: _____

E-mail: _____

Date of Birth: _____

Volunteering Start Date: _____

Volunteer Position: _____

Licence Details:

If required to use a vehicle while volunteering:

Licence No: _____ Class: _____ Expiry Date: _____

Vehicle Details:

If you will be using your vehicle during volunteering hours:

Make: _____ Model: _____ Rego No: _____

Medical details:

Are there any medical problems or are you taking any medication which may affect your volunteering and/or that we need to know about:

No Yes Detail: _____

Emergency Contact: Full Name: _____

Relationship to you: _____

Contact details: Home: _____ Work: _____ Mobile: _____

May we check references? If yes, please provide the details of two referees below:

Only applicable if volunteering with Woollahra Libraries.

Full Name: _____

Contact details: Phone: _____ Email: _____

Relationship to you: _____

Full Name: _____

Contact details: Phone: _____ Email: _____

Relationship to you: _____

Are you willing to undergo a criminal history check and/or Working with Children Check?

Yes No

Only applicable if volunteering with Community Development and Woollahra Libraries.

Services you would like to volunteer with: (you may tick more than one)

Bushcare Woollahra Libraries On- off community events Cultural and youth events

Other: _____

Availability: Anytime Weekdays only Weekends Only

Specific days/times: _____

Please note for Bushcare volunteers, the following timetable is adhered to:

Tues: Cooper Park **Wed:** Gap Park **Thurs:** Harbour View Park **Fri:** Trumper Park, Paddington Nursery

Sat: Cooper Park, Trumper Park, Harbour View Park

Skills/Experience/Interest: *To help us help you get the most out of volunteering.*

Summary of employment experience – include any relevant volunteering roles:

Do you have particular interests, skills, experience or qualifications which may be relevant or that you wish to use in volunteering (including ability to speak other languages)?

What do you hope to get out of your volunteering experience?

I acknowledge that I will receive no financial compensation for my volunteering efforts:

Signature: Date: