

## VOLUNTEER APPLICATION FORM

Personal Details							
Title:		Given Name:					
Family Name:		Date of Birth:					
Gender:		Contact No.					
Email:							
Residential Address:							
Suburb/Town:		State:					
		Post code:					
<input type="checkbox"/> Postal address same as above							
Postal Address:							
Suburb/Town:		State:					
		Post code:					
Availability							
Time	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
AM							
PM							
All Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please indicate where you would be interested in volunteering. There may also be opportunities for volunteers to be involved in other areas across Council.</p>				<input type="checkbox"/> Visitor Information Centre <input type="checkbox"/> Leeton Shire Library <input type="checkbox"/> Leeton Golf Course <input type="checkbox"/> Roxy Community Theatre <input type="checkbox"/> Pool (Whitton/Leeton) <input type="checkbox"/> Whitton Courthouse and Historical Museum <input type="checkbox"/> Leeton Museum and Art Gallery <input type="checkbox"/> Events <input type="checkbox"/> Other _____ <input type="checkbox"/> Council Committee _____			
				(a list of Council Committees is available on Council's website)			
<p>Do you have any particular skills/knowledge/areas of interest? If yes, please briefly outline</p>							
Certificates/Licences							
Drivers Licence	State _____	Class _____	exp _____				
Working with Children Check	No. _____	exp. _____					
First Aid	No. _____	exp. _____					
White Card	No. _____	exp. _____					
Other							

## VOLUNTEER APPLICATION FORM

Emergency Contact Details			
Given Name:		Family Name:	
Relationship:		Contact No.	
Other Information			
Do you have any medical conditions we should be aware of?			
Do you give consent for your image to be taken and used for the purposes of promotion and corporate documents?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Office Use Only			
Received by:		Date:	
Trim Ref:	PF21/22		

*Volunteers must be aged between 16 & 90 years (those under 18 years of age, must have a parent or legal guardian sign the registration form on their behalf).*

Signature of applicant or applicant's parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_