



VOLUNTEER ID No: Date Entered: Commencement Date: Interviewed by:
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PERSONAL DETAILS

MR/MRS/MISS/MS NAME:.....

ADDRESS:.....

.....P/CODE:.....

TELEPHONE: Hm..... Wk..... MOBILE:.....

EMAIL ADDRESS:.....

DATE OF BIRTH:..... AGE:..... MALE FEMALE

LANGUAGES SPOKEN:.....

NEXT OF KIN

MR/MRS/MISS/MS NAME:.....

RELATIONSHIP TO YOU:.....

ADDRESS:.....P/CODE:.....

TELEPHONE: Hm..... Wk..... MOBILE:.....

VOLUNTEERING INFORMATION

PRESENT EMPLOYMENT:.....

PREVIOUS EMPLOYMENT:.....

QUALIFICATIONS/TRAINING:.....

.....

SKILLS/INTERESTS:.....

.....

.....



VOLUNTEER EXPERIENCE:.....
.....

DAYS/TIMES AVAILABLE:.....
.....

1. Have you ever been **convicted of a driving or criminal offence?** (Other than speeding)

YES NO

If YES please explain:.....
.....

2. Do you have a current **working with children check?** YES NO

Date of Issue:..... WWC No :.....

3. Do you have a current **Police clearance certificate?** YES NO

Date of Issue:.....

4. Do you have a **senior first aid** certificate? YES NO

Date of Expiry:.....

5. Do you have any **physical or other limitations**, which may affect your ability to perform certain types of duties (this can include problems with knees, backs, vision etc)?

YES NO

If YES please explain:.....
.....

6. Are you taking any **medications** which may affect your ability to perform duties?

YES NO

If YES please list:.....



7. **REASONS** for entering Volunteering work:

.....
.....

8. **PREFERRED** suburbs for volunteering in

VOLUNTEER OPPORTUNITIES (please tick area your interested in)

Please tick your preferences to the type of volunteer work you would like to be involved in:

- | | |
|--|--|
| <input type="checkbox"/> Adult day centre assistant (HACC) | <input type="checkbox"/> Sports link assistant (Kingsway) |
| <input type="checkbox"/> Transport assistant (HACC) | <input type="checkbox"/> Technology tutors Film/PC/Photography |
| <input type="checkbox"/> Bus Driver ('F' Class licence required)(HACC) | <input type="checkbox"/> Computer refurbishment (Men's shed) |
| <input type="checkbox"/> EcoVision House | <input type="checkbox"/> Community & Family history |
| <input type="checkbox"/> Crèche assistant (Community Centres) | <input type="checkbox"/> Heritage & Museum programs |
| <input type="checkbox"/> Conservation (Planting etc) | <input type="checkbox"/> Books on wheels (Library) |
| <input type="checkbox"/> Projects & Events (exhibitions, one off events) | <input type="checkbox"/> Toy library assistant (Community Centres) |
| <input type="checkbox"/> Recreation activity assistant | <input type="checkbox"/> English Conversation Group (Library) |
| <input type="checkbox"/> Driver Reviver | <input type="checkbox"/> Administration Support |
| <input type="checkbox"/> Movie Group at WLCC | <input type="checkbox"/> Volunteer Information Centre |

Other area of volunteering your interested in :



EMERGENCY CONTACT AND REFEREE (Must be completed)

Emergency Contact:

Name:.....
Address:.....
Post Code:.....
Contact Ph:.....

Referee (not a family member):

Name:.....
Address:.....
Post Code:.....
Contact Ph :.....

INSURANCE

I have been informed about and understand the INSURANCE entitlements as a City of Wanneroo Volunteer:

UNDERSTANDING

- ✓ I acknowledge and understand the importance of privacy and confidentiality and agree to abide by the City of Wanneroo Policies and Procedures in this area.
- ✓ I understand that the information I have provided on this form will be kept strictly confidential.
- ✓ To the best of my knowledge all details I have provided on this form are true and correct.
- ✓ I understand my rights and responsibilities as a City of Wanneroo Volunteer.
- ✓ I understand that the City of Wanneroo will make all reasonable effort to allocate volunteering duties to me as requested, however, I understand that this may not always be possible.

Signature:..... Date:.....



FOR ADMINISTRATION ONLY

Sighted & Photocopy of originals:

- Police Clearance Working With Children Drivers Licence
- Referee details check Date Checked:.....

Interview Officers name (print):.....

Interview Officers COW department :.....

Signature:.....Date:.....

COMMENTS / NOTES

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