

<h2>VOLUNTEER REGISTRATION FORM</h2>	SF427
	Responsible Officer: Team Leader HR & People Experience
	Issue Date: 06/07/2023
	Next Review Date: July 2028

C o n f i d e n t i a l

Personal Details - MANDATORY			
Title <i>Circle one</i>	Mr Mrs Ms	First Name _____	Surname _____
Home address	_____		
Postal address	_____		Post Code _____
Phone	_____	Mobile	_____
Email	_____	Preferred contact method	_____
Date of Birth	_____	Date of application	_____
Do you speak other languages	_____	Are you a permanent resident of Australia	<input type="checkbox"/> YES <input type="checkbox"/> NO

Emergency Contact Details Primary Contact - MANDATORY	
Name	_____
Relationship	_____
Address	_____
Phone numbers	_____

Emergency Contact Details Second Contact	
Name	_____
Relationship	_____
Address	_____
Phone numbers	_____

SF427 VOLUNTEER REGISTRATION FORM**Medical Information - MANDATORY**

Yorke Peninsula Council has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs. (Please comment on the impact of the following on work to be performed by you).

If required, would you be prepared to undertake a medical examination? ☐ YES ☐ NO

Do you have an existing medical disability/condition/injury? (including allergic reactions).
If yes, please provide details: ☐ YES ☐ NO

Are there any other health reasons that could limit the activities you can undertake as a volunteer?
If yes, please outline these health reasons below: ☐ YES ☐ NO

Do you take any prescribed medications? ☐ YES ☐ NO

If yes, please provide details that could help us care for you in an emergency, such as dosage, where you carry it and your doctor's name if different from your Family Doctor).

Volunteer Position

Please provide details of the program or specific volunteer role(s) that you are interested in (in order of preference, if more than one)

Program Area	Location	Volunteer Role

Skills and Qualifications**Formal Qualifications**

(e.g. Diploma, Degree, Trade Certificate etc.)

Other Training/Certification

(e.g. First Aid Certificate, Advanced Driving etc.)

Computer Skills

(e.g. Word, Excel, Powerpoint etc.)

Current Drivers Licence

YES ☐ NO ☐

If yes please list number

☐ Car ☐ Heavy Vehicle ☐ Manual ☐ Automatic ☐ International Driving Permit

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Availability to Volunteer - MANDATORY							
No. hours/week				Start Date			
Preferred Days <i>Please circle</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preferred Time/s							

Are you available on a regular basis?

☐ YES☐ NO

Employment and / or Volunteering History	
Have you worked for Yorke Peninsula Council before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes in what capacity and when?	
What was your most recent paid position?	
What was your most recent volunteer role?	
Have you, or do you currently volunteer for other organisations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please specify	

Referees		
<i>Please provide the contact details of two people who are not family members and who are willing to act as referees for your chosen voluntary role</i>		
Referee 1	Relationship	How long have you known this referee?
Name		
Phone	Mobile	Email
Referee 2	Relationship	How long have you known this referee?
Name		
Phone	Mobile	Email

I understand that my referees listed above may be contacted.

☐ YES☐ NO

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Declaration - MANDATORY	
Please read each statement and tick each checkbox to acknowledge your acceptance of each point (below).	
I am applying for volunteer work with the Yorke Peninsula Council	<input type="checkbox"/>
I have read and understood the Yorke Peninsula Council's Employee Code of Conduct and Employee Values and agree to abide by the behaviours as set out therein.	<input type="checkbox"/>
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.	<input type="checkbox"/>
I understand that I may be required to participate in an interview and selection process, undertake a reference and background check including a National Police Clearance.	<input type="checkbox"/>
Take reasonable care of my own safety and that of others, utilize personal protective equipment in accordance with established safe work practices of Council and report any hazard or injury to myself or others as soon as practicable.	<input type="checkbox"/>
Ensure that I am not, by the consumption of alcohol or drugs in such a state as to endanger myself or others.	<input type="checkbox"/>
I understand that I will be required to undertake an induction as part of my volunteering.	<input type="checkbox"/>
I understand that I will be required to undertake and participate in programmed corporate or Work Health Safety training as it is scheduled by the Yorke Peninsula Council.	<input type="checkbox"/>
I declare the information contained in this application is true and correct.	<input type="checkbox"/>

.....
Signature of Volunteer

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Date

We would like to *thank you* for registering to become a volunteer with the Yorke Peninsula Council.
You will be advised within **two weeks** if a suitable volunteer placement is available.

Please forward your completed registration form to:
Yorke Peninsula Council, PO Box 57 Maitland SA 5573

Privacy Statement: Your privacy is our priority. The Yorke Peninsula Council adheres to the National Privacy Principles in all of its dealings with its staff, volunteers and the members of the public. The personal information you have provided will assist us to process you as a valued volunteer within Council and will be treated as confidential.

Office Use Only
Forward completed paperwork to the Team Leader HR & People Experience