

PRINCIPAL OFFICE:
8 Elizabeth Street, Maitland
Telephone (08) 8832 0000

ALL CORRESPONDENCE TO:
P.O. Box 88, MINLATON, SA 5575
Fax (08) 8853 2494
Email: admin@yorke.sa.gov.au
Website: www.yorke.sa.gov.au



Volunteer Registration Form

HRMF010
Responsible Officer: HR Officer
Issue Date: 21/06/2016
Next Review Date: June 2021

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	_____

Medical Information - MANDATORY	
<p>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).</p>	
<p>If required, would you be prepared to undertake a medical examination?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Do you have an existing medical disability/condition/injury? (including allergic reactions). If yes, please provide details:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>_____</p> <p>_____</p> <p>_____</p>	
<p>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:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>_____</p> <p>_____</p> <p>_____</p>	
<p>Do you take any prescribed medications?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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).</p>	
<p>_____</p> <p>_____</p> <p>_____</p>	

Volunteer Position		
<i>Please provide details of the program or specific volunteer role(s) that you are interested in (in order of preference, if more than one)</i>		
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	<i>If yes please list number</i>	
<p style="text-align: center;"> <input type="checkbox"/> Car <input type="checkbox"/> Heavy Vehicle <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> International Driving Permit </p>			

Note: Certificates can be sighted at a later date

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 Name	Relationship	How long have you known this referee?
Phone	Mobile	Email
Referee 2 Name	Relationship	How long have you known this referee?
Phone	Mobile	Email

I understand that my referees listed above may be contacted.

 YES

 NO

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

.....
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.

DATE: Office Use Only
A copy of this form is to be retained by the supervisor on the personal file and a copy forwarded to the Manager People and Culture