



APPLICATION FOR VOLUNTEER PLACEMENT

- Please read Council's Volunteer Policy before completing this form
- Please indicate with a ✓ your response to questions in a
- All information supplied will be kept strictly confidential

PERSONAL DETAILS

Preferred Title: Mr Mrs Ms Miss

Name: _____

Address: _____

_____ Postcode: _____

Phone: Work: _____ Private: _____ Mobile: _____

Date of Birth: ____/____/____ (optional) Sex: Male Female

EDUCATION

Highest level of Secondary Education attained:

Year 9 Year 10 Year 11 Year 12 Other _____

Tertiary Studies:

Course	Qualification

CERTIFICATES OF COMPETENCY

Eg: Fork lift, Front end loader, Excavator

Certificate of Competency	Licence/Cert No.	Issuing Authority	Date Issued	Expiry Date

EMPLOYMENT HISTORY

Please provide a summary of your most recent employment.

Employer's name & address:	Position Title:	Date from:	Date to:
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Duties:

Employer's name & address	Position Title:	Date from:	Date to:
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Duties:

VOLUNTEER PLACEMENT QUESTIONNAIRE

Do you have any prior experience as a volunteer? Yes No

If yes, please specify: _____

Have you ever volunteered for Goulburn City Council previously? Yes No

If yes, please specify activities undertaken.

Do you hold a current Drivers Licence? Yes No

Licence No: _____ Class: C LR MR HR HC MC R

Do you have your own transport? Yes No

What type of insurance coverage do you have? Third Party Comprehensive

Insurance Company: _____ Valid to: ____/____/____

What day/s are you available: Mon Tues Wed Thurs Fri Sat Sun

What time/s suit you best? Mornings Afternoons Any time

Hours per day: 2 4 6 Full day

Which area would you like to volunteer for?

Art Gallery Community Transport Community Services Library

War Memorial/Waterworks Other, please specify _____

PHYSICAL REQUIREMENTS

Have you ever sustained an injury (at work or otherwise) that may affect your ability to undertake activities as a volunteer? Yes No

Do you suffer from any condition that may affect your ability to undertake activities as a volunteer? Yes No

If yes, please specify: _____

REFEREES

Please list the name and contact details of two work related referees that maybe contacted regarding your work history.

	NAME	POSITION/TITLE	COMPANY	CONTACT NUMBER
1				
2				

DECLARATION

- I am aware that I am ineligible to be considered for, undertake or remain in, child related volunteer activities if I have been convicted of a "serious sex offence" as defined in the Child Protection (Prohibited Employment) Act 1998.
- I sign this application knowing that all the information supplied on my behalf in this application is factual and true and acknowledge that that any false information will be sufficient reason for discontinuation of your volunteer placement.

SIGNATURE: _____ DATE: ____/____/____

This application maybe submitted in the following ways:

By post addressed to:

The Human Resources Manager
Goulburn Mulwaree Council
Locked Bag 22
GOULBURN NSW 2580

Fax: (02) 4823 4456

Email: council@goulburn.nsw.gov.au

Delivered to:

Civic Centre-Reception Desk
184-194 Bourke Street
GOULBURN NSW 2580

Your interest in seeking a volunteer placement with Goulburn Mulwaree Council is appreciated.