

VOLUNTEER FORM

Surname		Date of Birth
Given names		Male <input type="radio"/> Female <input type="radio"/>
Email address		
Postal address		
State		Postcode
<input type="radio"/> Mobile	<input type="radio"/> Home	<input type="radio"/> Work

What volunteer position/s are you interested in? (Tick boxes)

<p>LIBRARY</p> <p><input type="radio"/> Adult Literacy Tutoring Program Support</p> <p><input type="radio"/> Adult Library Programs Support</p> <p><input type="radio"/> Children & Youth Library Programs Support</p> <p><input type="radio"/> Home Library Support</p>	<p>YOUTH</p> <p><input type="radio"/> Homework Help Tutors</p> <p>COMMUNITY</p> <p><input type="radio"/> Events Assistant</p>
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EMERGENCY CONTACT

Surname		Date of Birth
Given names		Male <input type="radio"/> Female <input type="radio"/>
Relationship		
Postal address		
State		Postcode
<input type="radio"/> Mobile	<input type="radio"/> Home	<input type="radio"/> Work

REFEREE DETAILS

Surname		Date of Birth
Given names		
Relationship		
Postal address		
State		Postcode
<input type="radio"/> Mobile	<input type="radio"/> Home	<input type="radio"/> Work

Health Declaration

We have a duty of care to ensure that your health is not impaired as a result of any assigned volunteer role. While completion of this section is not compulsory, it is to your benefit to provide us with relevant information to ensure your role and duties are appropriate to you and allow us to provide any necessary support.

Have you ever suffered from a back condition or spinal disorder?	Yes <input type="radio"/> No <input type="radio"/>
Have you had or do you have a sight, speech or hearing condition?	Yes <input type="radio"/> No <input type="radio"/>
Have you ever suffered from a heart or lung condition?	Yes <input type="radio"/> No <input type="radio"/>
Have you ever had any joint disorders/arthritis, rheumatism or similar?	Yes <input type="radio"/> No <input type="radio"/>
Have you ever had epilepsy, fainting spells or periods of unconsciousness?	Yes <input type="radio"/> No <input type="radio"/>
Do you have a diabetic condition?	Yes <input type="radio"/> No <input type="radio"/>
Do you suffer from any serious allergies?	Yes <input type="radio"/> No <input type="radio"/>
Do you have any other serious health issues, we should be aware of?	Yes <input type="radio"/> No <input type="radio"/>
If required would you be willing to undertake a medical examination?	Yes <input type="radio"/> No <input type="radio"/>
If you have answered yes to any of the above, please describe the condition and any assistance we can provide to support you in your role:	



First Aid Certificate	Yes <input type="radio"/> No <input type="radio"/>	Date issued: Level:
Working With Children Check	Yes <input type="radio"/> No <input type="radio"/>	WWCC Number: Date of Birth:
Drivers Licence	Yes <input type="radio"/> No <input type="radio"/>	Licence No: Expiry: Class:
National Criminal History Check	Yes <input type="radio"/> No <input type="radio"/>	Reference No: Issue Date:

Why do you want to volunteer and what do you personally hope to achieve by becoming part of the Volunteer Singleton program?

What special skills or experience would you bring to the Volunteer Singleton program?

What languages do you speak, read and write (and how well)?

Please outline your availability, including days and times:

Applicant Declaration

I understand the information contained in this application form will be taken into consideration by Singleton Council when determining my suitability as a volunteer. The information provided is true and correct to the best of my knowledge and I agree to notify Council of any changes to my circumstances that may affect my volunteering role.

Signature _____ Date _____

 **PLEASE RETURN FORM TO**

E council@singleton.nsw.gov.au
or post to: Singleton Council, PO Box 314, Singleton 2330