

Volunteer Application Form

First Name: _____ Surname: _____

Address: _____

Phone: _____ Email: _____

Gender: Male Female (Please ✓) Date of Birth: _____

Area of Interest: _____

Skills/Experience: _____

Do you have any pre-existing medical conditions or special needs that may affect the type of activities you do as a volunteer: Yes No If yes, please outline conditions/restrictions and attach further documentation if required:

Emergency Contact Name: _____ Phone: _____

Referees:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please tell us about yourself:

Are you an Australian citizen? Yes No If No, have you applied for citizenship or a have valid Visa? Yes No

Please contact the Department of Immigration and Citizenship to check your eligibility to work.
Phone 13 1881 or go to www.immi.gov.au.

Privacy and Personal Information Protection Act 1998

The personal information provided in this document is protected under the Privacy and Personal Information Protection Act (PPIPA) 1998. Wagga Wagga City Council must not disclose your personal information to any person or body if it is not directly related to the purpose for which the information was collected.

Signature: _____ Date: _____

Please note: If applicant is under the age of 18, a parent or guardian must co-sign the application and the volunteer must be supervised at all times by a responsible adult.

Parent/Guardian Signature: _____ Date: _____
(if applicant is under 18 years of age)

Office Use Only:

Approved: Yes No Reason: _____

Name: _____ Signature: _____ Date: _____

TEAMWORK

INNOVATION

RESPECT

TRUST