

## 8.2 FRIENDS OF RESERVES: FORM 2

# Volunteer Application Form



Confidential

The Shire of Kalamunda values its volunteers and thanks you for your interest in the Volunteer Program.

### **Confidentiality**

Maintaining the confidentiality of your personal information is of utmost concern to us. This information will be held in confidence and will only be used for insurance purposes and to assist the Shire in placing you in a position that will best utilise your skills and experience.

The information collected will **not** be disclosed to anyone who is not managing Volunteers or outside of Human Resources.

If you would like assistance in completing this form, please don't hesitate to contact either your point of contact within the area you wish to undertake volunteering activities, or Human Resources on 08 9257 9856. The Shire of Kalamunda thanks you for volunteering your time and contributing to our community.

## 8.2 FRIENDS OF RESERVES: FORM 2

### Volunteer Application Form

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#### Personal Details

First Name:	Last Name:	Preferred Name:
Current Address:		
Postal Address:		
Phone - Home:	Work:	Mobile:
Email Address:		
Best time to contact you:		

#### Next of Kin/Emergency Contact

Name:
Nature of Relationship:
Telephone No:

#### Reserve Details

Member of the Friends of (Name of Reserve):
At (Reserve Address):
And Reserve Code No:
I will be acting as a Delegated Coordinator (Yes or No):

#### Parental Consent

*This section of the application form must be completed by all applicants **16 years of age and under.***

Parent/Guardian's Name:	Relationship to Applicant:	
Email:	Mobile:	Phone:
I give permission for the applicant to work as a volunteer for the Shire of Kalamunda		
Parent/Guardian's signature:	Date:	

#### Medical Information

*Under the WA OSH Act 1984 Local Government has a duty of care to ensure the safety and health of any members of the public that have access to Local Government sites – this includes volunteers. Answers to the following questions will ensure that you are engaged for voluntary work that is appropriate to your fitness for work and ensure the safety and health of those in our volunteers care.*

Do you have any existing medical disability, condition, allergy or injury?

<p>How serious is the condition if aggravated?</p> <p><input type="checkbox"/> Potentially life threatening</p> <p><input type="checkbox"/> Could require medical treatment (doctor, hospital etc.)</p> <p><input type="checkbox"/> Could require own medication</p> <p><input type="checkbox"/> Could require rest or time off work</p>
<p>How could we recognise if your condition has recurred or been aggravated?</p>
<p>When was your most recent episode?</p>
<p>What is the management plan to minimise the condition?</p>
<p>What is the emergency plan if serious aggravation does occur?</p>

## Declaration

*I agree to comply with the following terms and conditions that refer to my participation in all voluntary work for Local Government.*

I am applying to work as a volunteer	<input type="checkbox"/>
I shall respect the rights, feelings and property of all others associated with my volunteer activities	<input type="checkbox"/>
I declare that the information contained in this application is true and correct	<input type="checkbox"/>
I understand that I may be required to undergo an interview, have reference checks conducted and a background check (National Police Clearance and/or Working with Children Check etc)	<input type="checkbox"/>
I understand that I will be required to undertake an Induction and/or training program prior to my commencement	<input type="checkbox"/>
I will not smoke, consume or store alcohol or illicit drugs while working voluntarily on site	<input type="checkbox"/>
I shall cooperate with the Friends Group Manual instructions to ensure a safe team environment	<input type="checkbox"/>
I acknowledge that health and safety are the responsibility of all those involved in the Group's activities and workplace	<input type="checkbox"/>
I will not operate chainsaws without written approval from the Shire	<input type="checkbox"/>
I will wear appropriate protective clothing at all times	<input type="checkbox"/>
I will ensure that children under my care are supervised at all times	<input type="checkbox"/>
I will maintain an accurate record of the time I spend on bush care activities for examination by the Shire and Insurance Company in the case of an accident	<input type="checkbox"/>
I recognise that, for insurance purposes, we are acting in our own right and not linked to any incorporated group	<input type="checkbox"/>

I recognise that insurance cover will only be available on reserves vested in the Shire of Kalamunda and that the Shire will not accept responsibility for any activities undertaken on other reserves	<input type="checkbox"/>
I will ensure that I only undertake bush care activities during daylight hours	<input type="checkbox"/>
I will notify the Coordinator of any unsafe conditions or objects (sharps, asbestos etc) whilst undertaking volunteer activities	<input type="checkbox"/>
<b>Signature:</b>	
<b>Name (please print)</b>	
<b>Dated:</b>	

Please return as soon as possible to:  
*Environmental Reserves Officer*  
*Shire of Kalamunda*  
*PO Box 42*  
*Kalamunda WA 6076*