

# Volunteer Application Form

## Confidential

The City 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 within People Services and will only be used for insurance purposes and to assist the City in placing you in a position that will best utilise your skills and experience.

The table below identifies different areas within the City of Kalamunda which utilise this Volunteer Form:

Position of Interest	Position Title	Contact Number
Friends of the Theatre Kalamunda Performing Arts Centre (KPAC)	Administrator KPAC	9257 2558
Community Bus Drivers	Customer Service Officer Property	9257 9957
Seniors Computer Classes	Senior & Disability Officer	9257 9958
Podiatry Services Receptionist	Senior & Disability Officer	9257 9958
Volunteer Drivers for Books on Wheels Delivery Service	Assistant Librarian	9257 9852
Seniors Coffee Lounge	Senior & Disability Officer	9257 9958
Perth Hills Visitor Centre	Administrator Zig Zag Cultural Centre	9257 9998
Youth Action Kalamunda	Youth & Community Assistant	9257 9968

Once you have identified your position of interest (from the table above), you will need to complete and provide the following:

- Volunteer Application Form
- Volunteer National Police Clearance Form
- 100 points of identification (as outlined on the back of the National Police Clearance Form)

Once this form has been completed and you have gathered the appropriate identification please either contact the area in which you wish to volunteer your services to arrange a meeting, or you may wish to drop into the City Office at 2 Railway Road, Kalamunda and ask to speak with People Services.

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 People Services on (08) 9257 9648. The City of Kalamunda thanks you for volunteering your time and contributing to our community.

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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:

Police Checks		
Do you hold a current driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Car	Manual <input type="checkbox"/> Automatic <input type="checkbox"/>	Other (e.g. Heavy Vehicle)

Volunteer Position		
<i>Please provide details of the program or specific volunteer role(s) that you are interested in (in order of preference if there are more than one).</i>		
Program/Activity (eg: library, KPAC)	Location	Volunteer Role

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## Availability to Volunteer

No. Hours/Week	Preferred Start Date:						
Preferred Days	Monday am <input type="checkbox"/> pm <input type="checkbox"/>	Tuesday am <input type="checkbox"/> pm <input type="checkbox"/>	Wednesday am <input type="checkbox"/> pm <input type="checkbox"/>	Thursday am <input type="checkbox"/> pm <input type="checkbox"/>	Friday am <input type="checkbox"/> pm <input type="checkbox"/>	Saturday am <input type="checkbox"/> pm <input type="checkbox"/>	Sunday am <input type="checkbox"/> pm <input type="checkbox"/>

## Skills & Qualifications

**Formal Qualifications:** (e.g. Diploma, Degree, Trade Certificate etc.)

**Other Training/Certification:** (E.g. First Aid, Advanced Driving etc.)

**Computer Skills:** (e.g. Word, Excel, PowerPoint etc.)

## Referees

Please provide the contact details of two people who are not family and who are willing to act as a referee for your chosen voluntary work position. This should be person(s) that you have known for at least two years.

<u>Referee 1</u> Name:	Relationship:	How long have you known this referee?
Phone:	Mobile:	Email:
<u>Referee 2</u> Name:	Relationship:	How long have you known this referee?
Phone:	Mobile:	Email:

## 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 City of Kalamunda.		
Parent/Guardian's signature:		Date:

## Medical Information

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*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?

How serious is the condition if aggravated?

- Potentially life threatening
- Could require medical treatment (doctor, hospital etc)
- Could require own medication
- Could require rest or time off work

How could we recognise if your condition has recurred or been aggravated?

When was your most recent episode?

What is the management plan to minimise the condition?

What is the emergency plan if serious aggravation does occur?

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## 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 for volunteer work.	<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 shall respect the rights, feelings and property of all others associated with my volunteer work.	<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, undertake a reference check and 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 City of Kalamunda's Policies and Procedures to ensure a safe, healthy and hygienic team environment.	<input type="checkbox"/>

<b>Signature:</b>	
<b>Name: (please print)</b>	
<b>Dated:</b>	
<b>Witnessed:</b>	
<b>Name: (please print)</b>	
<b>Dated:</b>	