

VOLUNTEER APPLICATION FORM

PRIVACY NOTICE: Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of assessing your application and managing your volunteering. In order to manage the volunteering function we may need to disclose some of this information to the volunteering programme you are linked with.

Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.



Website www.livingstone.qld.gov.au
Enquiries 4913 5000 or 1300 790 919
Address PO Box 2292 YEPPOON QLD 4703
Email enquiries@livingstone.qld.gov.au

APPLICANT DETAILS						
Preferred Title:	Mr	Miss	Mrs	Ms	Dr	Other
Surname:	Given names:		Preferred name:			
Gender:	M (Male)	F (Female)	X (Indeterminate/Intersex/Unspecified)			
Home address:						
Suburb:	State:		Postcode:			
Postal address (if different):						
Mobile:	Home phone:		Work phone:			
Email address:						
Date of birth:						
Were you born in Australia?	Yes, please indicate state of birth:		No, please indicate country of birth:			
Is English your first language?	Yes	No, please indicate your first language:				
Do you identify with any of the following:	Aboriginal	Torres Strait Islander	South Sea Islander			
Do you have any physical or medical limitations or are you on any medication or under any course of treatment which might limit your ability to perform certain types of activities?						
Yes No						
If yes, please describe:						
Do you have any other medical issues that Council should be made aware of? (for example Allergies, Medic Alert Bracelets etc)						
Yes No						

AREA AND TYPE OF VOLUNTEER ACTIVITIES OF INTEREST

Community Volunteer Programme:

Preferred type of volunteer activities:

Please indicate the days and time you are available: eg. 9.00 am - 11.00 am

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

How often would you like to volunteer your services?

Weekly

Fortnightly

Monthly

Other (please specify)

Why you are interested in volunteering with Livingstone Shire Council's Volunteer Programme?

How did you hear about Livingstone Shire Council's Volunteer Programme?

Referral from family/relative/friend

Referral from an LSC volunteer

Newspaper

Livingstone Shire Council's website

Council customer service location

Facebook

Other

EMERGENCY CONTACT DETAILS

First Contact Person's Name:

Relationship:

Are they next of Kin?

Yes

No

E-mail:

Address:

Mobile:

Home phone:

Work phone:

Second Contact Person's Name:

Relationship:

Are they next of Kin?

Yes

No

E-mail:

Address:

Mobile:

Home phone:

Work phone:

QUALIFICATIONS / TICKETS / LICENCES OR CARDS

Qualification / Ticket / Licence or Card	Type	Number	Expiry Date
Drivers Licence			
Blue Card – working with children and young people card			
White Card – General Construction			
Justice of the Peace			
Commissioner of Declarations			
First Aid or CPR Certificate			
Traffic Control			
Traffic Management			
Machinery Tickets			
Trade Qualification			
Tertiary Qualification			
Vocational Qualification			

IN CONFIDENCE

Do you have any adult criminal convictions? Yes No
 If yes, please specify:

APPLICANT'S SIGNATURE

I verify that the information provided in this form is true and correct:

Name:	Signature:	Date:
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Guardian consent if applicant is under 18 years of age

Name:	Signature:	Date:
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LODGEMENT

In person:	Post to:	Email:
25 Normanby Street, YEPPOON (Town Hall) 7 Hill Street, Emu Park (Library)	Livingstone Shire Council PO Box 2292 YEPPOON QLD 4703	enquiries@livingstone.qld.gov.au