



## CITY OF ALBANY VOLUNTEER APPLICATION FORM

**Volunteer Position:**

**Personal Details:**

Your contact details may be shared with Volunteers within your work area or external organisations (e.g. Department of Fire and Emergency Services) if it is essential to the role.

If you do not want your details shared, please tick \_\_\_\_ . *(This may impact on your suitability for some roles.)*

<b>Family Name:</b>	<b>Title:</b>
<b>Given Name/s:</b>	
<b>Preferred Name:</b>	
<b>Home Address:</b>	
<b>Postal Address:</b>	
<b>Telephone:</b>	<b>Mobile:</b>
<b>Email Address:</b>	
The City's preferred method of contact is email. If you have a different method of contact, please note it here:	
<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Employment Status:</b>	<input type="checkbox"/> Centrelink <input type="checkbox"/> Employed <input type="checkbox"/> Semi-Retired/Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student
<b>Religion/Faith (Optional):</b>	

**Emergency Contacts:** *(Please supply 2 contacts)*

<b>Full Name:</b>
<b>Relationship to applicant (needs to be next of kin):</b>
<b>Telephone:</b> <b>Mobile:</b> <b>Work:</b>
<b>Full Name:</b>
<b>Relationship to Applicant :</b>
<b>Telephone:</b> <b>Mobile:</b> <b>Work:</b>

**Qualifications and Experience – To help us help YOU to get the most out of your volunteering experience:**

**Have you worked in a related field before, either in a paid or unpaid capacity? If so please provide some details? (Or attach your CV):**

  
  
  
  

**What are your special skills, attributes or hobbies that you bring to your role at the City of Albany?**

**Do you have any other skills, qualifications etc that might be useful to the City of Albany or you may wish to use in volunteering? (Proficiency with Microsoft office suite, other languages, Responsible Service of Alcohol Training, chainsaw tickets etc)**

**General:**

**What do you want to get out of your volunteering experience?**

  
  
  

**Are you prepared to attend training courses required by Council and/or applicable to your role? Yes No**

**How much time would you like to contribute to your volunteer role?**

**When are you available to volunteer?**

Monday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Tuesday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Wednesday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Thursday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Friday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Saturday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Sunday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Other	<input type="checkbox"/> My availability varies (eg. Shift worker)		<input type="checkbox"/> Anytime

**Do you have a current First Aid Certificate?**  Yes Expiry: \_\_\_\_\_  No

**Do you have a current Drivers Licence?**  Yes  No

**If yes: Class Held**  C  LR  MR  HR  HC  MC  R-E

**Health Information:**

*We have a duty of care to ensure that your health is not impaired as a result of an assigned volunteer role.*

*It is to your benefit to equip us with relevant information to ensure your role and duties are appropriate for you and allow us to provide any necessary support. This information will not be disclosed without your permission.*

**Do you have a medical condition or disability that could limit the range of work you can do in your chosen volunteer role or future volunteer roles? If yes, please provide details (ie heart condition, allergies, unable to stand for long periods, back condition etc):**

*If you take prescribed medication in relation to a specific medical condition or disability please provide details:*

**Screening (if required):**

**Do you have a National Police Certificate less than 6 months old?** Yes No

*If yes, please provide a copy*

*If you do not have a current National Police Certificate do you give the City of Albany permission to obtain one for you if this is a requirement of your role? Yes No*

**Do you have a current Working with Children Check? Yes:**

Card Number No:..... Expiry Date: .....

**Referees:** *(Please notify your referees that they may be contacted by the City of Albany)*

<b>Full Name:</b>		
<b>Relationship to applicant:</b>		
<b>Telephone:</b>	<b>Mobile:</b>	<b>Work:</b>

<b>Full Name:</b>		
<b>Relationship to Applicant:</b>		
<b>Telephone:</b>	<b>Mobile:</b>	<b>Work:</b>

**Acknowledgement and Agreement:**

- I understand that I am volunteering my services to the City of Albany and that I will not receive any wage or salary for those services.
- I understand I may be required to participate in an interview and selection process and I authorise the City of Albany to undertake reference checking with the referees provided about my work, conduct, experience and skills.
- I have read and understood the City of Albany Code of Conduct and will comply with all associated policies and procedures that I am inducted in.
- I understand the City of Albany reserves the right to terminate my engagement as a Volunteer should I fail to comply with the provisions of the Code of Conduct, relevant legislation and all other City of Albany policies and procedures that I am inducted in, or otherwise informed I must comply with as a Volunteer for the City of Albany.
- I agree to undertake induction and/or service/program training prior to my commencement and complete any refresher or additional trainings that may be required. If I fail to undertake the required training, I understand that I may be stood down from my position.
- I understand that as a volunteer I have rights and responsibilities and access to the City of Albany Grievance Resolution process.
- I also acknowledge that it is my responsibility to inform the City of Albany should any of my details or circumstances change that may impact on my volunteer role.
  
- I also acknowledge that The City take no responsibility for damage to vehicles, camping accommodation or property.

**I certify that the information provided above is true and correct and agree to abide by this agreement:**

**Applicant's Name [Print]:** .....

**Applicant's Signature:** ..... **Date:** .....

For applicants under 18 years of age:

I give permission for the applicant to work as a volunteer for the City of Albany.

**Parent/Guardian Signature:** ..... **Date:** .....

Thank you for completing the application form. Please note this is an application only and does not guarantee a volunteer position.

The City of Albany recruits volunteers to meet program needs and the skills and experience requirements as outlined in the role description.

**Please return completed forms to:**

**Via Post:**

Human Resources  
City of Albany  
PO BOX 484  
ALBANY WA 6331

**Via Fax:**

(08) 9841 4099

**Via Email:**

[staff@albany.wa.gov.au](mailto:staff@albany.wa.gov.au)

**City of Albany Office Use Only**

**HR Records**

<b>Date Application Received</b>		
<b>Details entered into Volunteer Data Base</b>		
<b>Referred to Volunteer Manager:</b>	<b>Date</b>	<b>VM:</b>
<b>Interview completed</b>		
<b>Police Clearance/Criminal Screening:</b>		
<b>Accepted as volunteer:</b>		
<b>Volunteer Role/s:</b>		
<b>Volunteer PD Signed:</b>		
<b>Commencement Date:</b>		
<b>Induction Completed:</b>		
<b>6 month review:</b>		

**For Volunteer Bush Fire Brigade:**

**Brigade:** .....

**Fire Control Officer (FCO) / Brigade Secretary Sign Off:**

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