Volunteer Expression of Interest

Mr Mrs Ms Miss Other Surname: Given Name/s: Preferred Name: Date of Birth: I identify my gender as:

Private Address: Suburb: P/Code: Postal Address: Suburb: P/Code: Home Phone: Mobile:

Email:

**What type of area or group would you like to work with?**

|  |  |  |
| --- | --- | --- |
| Visitor Information Centre | Community Trips | Library |
| Tourism | Youth & Community Centre | Environment (Coastal) |
| Events | Local History | Parks and Gardens |
| CHSP – Community Car | Youth | Fleurieu Coast Free Bikes Program |
| Arts or Cultural |  |  |

**What type role are you interested in undertaking?** (i.e. team leadership, consultancy, project, marketing, fundraising, gardening, administration, data entry, transport, committee member, other …)

**What are your reasons for seeking volunteer employment with us?**

Develop or practice new skills Opportunity to meet people

Explore a career change For a reference

Opportunity to help the community Personal Development i.e. increase confidence

Share your knowledge and/or skills Other:

**What is your current employment status?**

Centrelink Student

Employed (Part or Full time) Unemployed

Retired Other:

**If you answered “Centrelink” please tick the program below:**

Mutual Obligation New Start Volunteer Work Initiative Other

**How many hours per week of voluntary work are you required to undertake?**

**When are you available to volunteer with us?**

AM (9 am to 12 noon) PM (12 noon to 5 pm) Evening (5 pm to 8 pm)

School Hours (9.30 am to 2.30 pm)

Mon Tue Wed Thur Fri Sat Sun

Weekly Fortnightly Monthly One-off Other:

**We thank you for considering volunteering with the District Council of Yankalilla!**

**Do you have a current valid driver’s licence?** Yes No

Driver’s License Number: Expiry Date: Class:

Have you had any accidents or been convicted of any offences relating to the use of a motor vehicle in the last five years (excluding minor infringements) Yes No If “yes, please describe

**Are you willing to use your own vehicle for volunteer work?** Yes No

Vehicle Type: Registration Number: Is the vehicle comprehensively insured? Yes No

Please present your current drivers license and comprehensive insurance certificate to the interviewer

Insurance Expiry Date: Insurance Company

**Please provide brief details of your work history or previous volunteer experience:**

(attach a current resume if you wish)

**Do you have any formal qualifications, specific skills or hobbies?** Yes No

If “yes”, please indicate (i.e. Leadership, Marketing, Finance, IT, Adult Education, Maintenance, Gardening, Driving, Cooking, Art, Craft, Sport, Music)

**Do you speak languages other than English?**

If “yes”, please provide details of language and to what level (i.e, French, fluent)

**Are you currently in a volunteering role?** Yes No If yes, please describe

**Do you hold a current First Aid Certificate?** Yes No

If “yes” state the date of your most recent qualification and First Aid Level

**Have you a current SA Police Check?** Yes No If “yes” Expiry Date

**Have you a current Child Safe Environments certificate?** Yes No

If “yes” Expiry Date

**Health Declaration**

We have a duty of care to ensure that your health is not impaired as a result of any assigned volunteer role. Whilst completion of this section is not compulsory, it is to your benefit to equip us with relevant information to ensure your role and duties are appropriate to you and allow us to provide any necessary support.

|  |  |  |
| --- | --- | --- |
| Have you ever suffered from a back condition or spinal disorder? Have you had or do you have a sight, hearing or speech condition? Have you ever suffered from a heart or lung conditions? | Yes Yes Yes | No No No |
| Have you ever had any joint disorder/arthritis, rheumatism or similar? | Yes | No |
| Have you ever had epilepsy, fainting spells or periods of unconsciousness?Do you have a diabetic condition or a serious allergic reaction to anything? | YesYes | NoNo |
| Do you have any serious health issue which you consider we should be aware? | Yes | No |
| If required would you be willing to undertake a medical examination? | Yes | No |

If you have answered “yes” to any of the above please describe the condition and any assistance we can

provide to support you in your volunteering role.

**Referees**

**Name:**

Relationship: Home Phone: Work Phone: Mobile:

Best time to contact: morning afternoon evening

evening

|  |  |
| --- | --- |
| **Name**: |  |
| Relationship: |  | Home Phone: |  |
| Work Phone: |  | Mobile: |  |
| Best time to contact: | morning | afternoon |  |

**Emergency Contact Details** (Please provide details of parent/guardian if under 18 years)

**Name**:

Relationship: Home Phone: Work Phone: Mobile:

Private Address: Suburb: P/Code:

**Name**:

Relationship: Home Phone: Work Phone: Mobile:

Private Address: Suburb: P/Code:

**Consents**

|  |  |  |
| --- | --- | --- |
| I give permission for a referee check | Yes | No |
| I give permission for a National Police security check | Yes | No |
| I am willing to undertake Child Safety Environments training | Yes | No |
| I give permission for my name and/or photograph being used in any Council Publications, Messenger, Newsletter, Websites or other material | Yes | No |

**Applicant’s Declaration**

I declare that to the best of my ability the information contained in this Volunteer Expression of Interest form is accurate and correct and I agree to notify the District Council of Yankalilla of any changes to my circumstances that may affect my volunteering role.

**Signature: Date:**

**If under 18 years of age, we require parental/guardian permission:**

**Name Phone: Signature: Date:**