



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?

- | | | |
|---|---|--|
| <input type="checkbox"/> Visitor Information Centre | <input type="checkbox"/> Community Trips | <input type="checkbox"/> Library |
| <input type="checkbox"/> Tourism | <input type="checkbox"/> Youth & Community Centre | <input type="checkbox"/> Environment (Coastal) |
| <input type="checkbox"/> Events | <input type="checkbox"/> Local History | <input type="checkbox"/> Parks and Gardens |
| <input type="checkbox"/> CHSP – Community Car | <input type="checkbox"/> Youth | <input type="checkbox"/> Fleurieu Coast Free Bikes Program |
| <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Develop or practice new skills | <input type="checkbox"/> Opportunity to meet people |
| <input type="checkbox"/> Explore a career change | <input type="checkbox"/> For a reference |
| <input type="checkbox"/> Opportunity to help the community | <input type="checkbox"/> Personal Development i.e. increase confidence |
| <input type="checkbox"/> Share your knowledge and/or skills | <input type="checkbox"/> Other: _____ |

What is your current employment status?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Centrelink | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employed (Part or Full time) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> 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?

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM (9 am to 12 noon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM (12 noon to 5 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (5 pm to 8 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Hours (9.30 am to 2.30 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Weekly Fortnightly Monthly One-off Other: _____

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

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had or do you have a sight, hearing or speech condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever suffered from a heart or lung conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had any joint disorder/arthritis, rheumatism or similar? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had epilepsy, fainting spells or periods of unconsciousness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a diabetic condition or a serious allergic reaction to anything? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any serious health issue which you consider we should be aware? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

Please return to:

PO Box 9, Yankalilla SA 5203
1 Charles Street, Yankalilla SA 5203

Fax: 08 8558 2022
Email: council@yankalilla.sa.gov.au

Name: _____
 Relationship: _____ Home Phone: _____
 Work Phone: _____ Mobile: _____
 Best time to contact: morning _____ afternoon _____ evening _____

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:** _____

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