



If you answered yes above, please provide details

.....

**DRIVER LICENCE DETAILS**

Driver Licence Number ..... Licence Class.....

State in which Licence was issued ..... Expiry Date .....

If you have any restrictions on your licence, please list them

.....

**VOLUNTEERING OPPORTUNITY**

Please specify your area of interest, volunteering within Council.

Administration  Library Services  Youth Services

Visitor Information Centre  Museum Operations

Other.....

Recreation & Open Spaces (Cemetery)  Short-term community projects or events

Relevant Skills, Qualifications and Abilities

.....  
.....  
.....  
.....  
.....

**Availability:**

Hours per week ..... Start Date: .....

**Preferred Days:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time	..... am/pm	..... am/pm	..... am/pm	..... am/pm	..... am/pm
Finish Time	..... am/pm	..... am/pm	..... am/pm	..... am/pm	..... am/pm

## DECLARATION

Please read each statement carefully, to acknowledge your understanding please tick the appropriate box and sign after each statement.

I have notified the Council of any relevant medical conditions and pre-existing injuries, and I consent to the Council staff authorising such treatment as necessary and accept responsibility for all associated expenses.

YES                       NO                      SIGNATURE: .....

I acknowledge that I am a volunteer and not an employee of Coonamble Shire Council.

YES                       NO                      SIGNATURE: .....

I will not consume, store alcohol or be under the influence of illicit drugs while volunteering for Council.

YES                       NO                      SIGNATURE: .....

I shall respect the rights, feelings and property of all volunteers and staff.

YES                       NO                      SIGNATURE: .....

I shall cooperate with Council and staff to ensure all policies and procedures are adhered to.

YES                       NO                      SIGNATURE: .....

My placement at ..... is at the discretion of the Council.

YES                       NO                      SIGNATURE: .....

I understand that failure to comply with any of these conditions may result in the General Manager or Executive Leader terminating my service as a volunteer worker at any time without notice.

YES                       NO                      SIGNATURE: .....

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**Office Use Only**

Date Application received: .....

Is a Working with Children's Check (WWC) required? (*Tick appropriate*)  Yes  No

WWC Number: .....                      Expiry: .....

Date Checked: .....      Volunteer Supervisor: .....

Recommended for Volunteer Work?       Yes       No

Comments:.....  
.....  
.....

For any pre-existing medical conditions, allergies or past injuries the following questions need to be declared to Council.

**1) Please provide more information on the condition:** *E.g. – How serious is the condition? What are the symptoms? What aggravates the condition? How often do episodes occur? When was the most recent episode?*

**2) Based on the response to question 1, how might the declared condition affect participation?** *E.g. – What other relevant activities does the volunteer undertake on regular basis?*

**3) What is the management plan to minimise the likelihood of aggravating the declared condition?** *E.g. – Medication to be taken to, avoid triggers, rotate activities, carer to accompany volunteer. If unsure, please consult Training & WHS Coordinator - a Doctor's Certificate may be necessary.*

**4) What is the Emergency Management Plan?** *E.g. – Seek medical attention or administer medication. How quickly do these need to be undertaken?*

**Volunteer**

**Signature:** ..... **Date:** .....

Your privacy is important to us. When communicating with Coonamble Shire Council you may be required to provide personal information which identifies you or which enables you to be identified (including, but not limited to, your name and address). Coonamble Shire Council collects, stores, accesses, uses and discloses personal Information in order to facilitate services, customer requests and Council business, in accordance with obligations under the Privacy and Personal Information Protection Act 1998 and Council's Model Privacy Management Plan. The retention and disposal of your personal information is governed by the Local Government Record-Keeping Rule GA39. Council takes all reasonable and appropriate steps to protect the privacy of individuals as required by law.