

CITY OF WODONGA Volunteer application form

In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** volunteer@wodonga.vic.gov.au



<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	Given name/s:	Surname:
Address:		
Postal address: (if different from above)		
Date of birth:	Mobile:	Phone (home):
Email:		Phone (work):
Do you consent to being sent Wodonga Council's quarterly volunteer e-newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency contact name:	Relationship:	Phone:

Which volunteer location/activity are you interested in? (please tick one or more)

Wodonga hosts <input type="checkbox"/> Visitor information centre <input type="checkbox"/> Bonegilla Migrant Experience <input type="checkbox"/> The Cube Wodonga Community centres <input type="checkbox"/> Felltimber Community Centre <input type="checkbox"/> Baranduda Community Centre Outdoor/environmental <input type="checkbox"/> Parks and gardens <input type="checkbox"/> Wodonga conservation lands <input type="checkbox"/> Waste Transfer Station Reasons for volunteering <input type="checkbox"/> Contribute to the community <input type="checkbox"/> Experience <input type="checkbox"/> Centrelink requirement	Cultural services <input type="checkbox"/> Events and festivals <input type="checkbox"/> Arts Space Wodonga <input type="checkbox"/> Community arts projects <input type="checkbox"/> Wodonga Library Youth services <input type="checkbox"/> FReeZA committee <input type="checkbox"/> RED Carpet committee <input type="checkbox"/> Youth events <input type="checkbox"/> Leadership program <input type="checkbox"/> Social <input type="checkbox"/> Educational requirement <input type="checkbox"/> Spontaneous/emergency	Preschools <input type="checkbox"/> Baranduda <input type="checkbox"/> Belgrade Ave <input type="checkbox"/> Felltimber <input type="checkbox"/> Jamieson Crt <input type="checkbox"/> Southern Rise <input type="checkbox"/> Stanley St Other <input type="checkbox"/> Project <input type="checkbox"/> Administration <input type="checkbox"/> Other _____ <input type="checkbox"/> Corporate volunteer with (organisation) _____ <input type="checkbox"/> Other (please specify) _____	Parent committee <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Are you of Aboriginal or Torres Strait Islander heritage?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, Both Aboriginal and Torres Strait Islander

Do you consent to a police record check? (18 years and over) Yes No

Do you have a current Working With Children Check? Yes No

Number: _____ Expiry date: _____

Do you have a current driver's licence? Yes No

Availability (please tick one or more of the following)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Morning Afternoon Evening All day Weekly Fortnightly Monthly

Do you consent to being contacted regarding other volunteer opportunities? Yes No

Relevant skills, interests and work experience? (please attach CV if relevant)

OFFICE USE ONLY	Police check required:	Yes	No	Police check number:
Registration date:	Police check cleared:	Yes	No	Police check date:
Has the nominated location been notified?	Volunteer policy received?	Yes	No	Date entered into Pathway:
Yet to be placed reminder	Council staff member	Initials		

Referees (please provide at least one name and phone number)

1. _____
2. _____

Physical demand declaration

Yes No

Do you have any pre-existing medical conditions or special needs that may affect the type of work you do as a volunteer?
If yes, please outline condition/s and restrictions on work (attach another page if necessary)

Photographic and media permission

Yes No

Wodonga Council often requires photographs/video footage to be taken of local residents, community members and volunteers using the council's services or participating at council-run events for use in publications, on the council's website/social media and/or by the media and affiliate organisations. Please indicate if you give permission for the council to reproduce photographs/video footage taken of you in its various publications and online including the council's website and social media channels, and to the granting of a non-exclusive licence, including use by the media.

Optional - emergency response/recovery volunteer

Yes No

Are you likely to offer your assistance in the event of an emergency? For example, bushfire, flood or environmental disaster. If you would like to be contacted in an emergency, please tick 'Yes' and indicate below how you could assist in the event of an emergency.

- Anything Administration Animal rescue Building/construction
 Clean up Counselling Driving Food preparation
 Other _____ I would like to have emergency response/recovery training

Volunteer declaration

I agree to abide by the policies and procedures of both Wodonga Council and individual business units and I agree to work within the boundaries of the job description and to respect confidentiality.

Signature of applicant: _____ Date: _____

Parent/guardian permission (to be completed if volunteer is less than 18 years of age)

Parent/guardian name: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Please return your completed **volunteer application form** and **Fit2Work police check form** to the volunteer co-ordinator at the address below. If you have a current police check that is less than three months old, please provide a copy. Otherwise, remember to bring **100 points of identification** with you or post a certified copy of your 100 points with your completed forms.

Enquiries: Volunteer co-ordinator on (02) 6022 9300 or volunteer@wodonga.vic.gov.au

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Wodonga Council,
104 Hovell St,
Wodonga, VIC 3690

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