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

[ ] Male [ ] Female

Given name/s: Surname:

Address:

Postal address: (if different from above)

Date of birth: Mobile: Phone (home):

Email:

Are you of Aboriginal or Torres Strait Islander heritage?
[ ] No [ ] Yes, Aboriginal [ ] Yes, Torres Strait Islander [ ] Yes, Both Aboriginal and Torres Strait Islander

In the event of an emergency, who should we contact on your behalf?

Name: Relationship: Phone: Mobile:

Do you have a current Working With Children Check (WWCC)?
[ ] Yes [ ] No

Number: Expiry date:

Please note: If you don’t have a current check, please apply online for the WWCC (this is free to volunteers) at workingwithchildren.vic.gov.au

Do you have any physical or medical limitations or are you on any medication or under any course of treatment which might limit your ability to perform certain types of activities?
[ ] Yes [ ] No

If yes, please outline condition/s and restrictions on work (attach another page if necessary):

Please note: It is the volunteer’s responsibility to notify Wodonga Council of any changes to health which may impact your ability to volunteer.

To ensure that you are placed in the area where you can most contribute, can you tell us about your reasons for volunteering?

[ ] Contribute to the community [ ] Educational requirement

[ ] Experience [ ] Spontaneous/emergency

[ ] Centrelink requirement [ ] Other (please specify):

[ ] Social

As part of mandatory requirements for volunteers, we need to undertake a police record check for anyone 18 years and over. Please tick the box to give your permission.

[ ] Yes I give my permission for the police check to be undertaken

Photographic and media permission

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.

[ ] Yes I give my permission for my photos/video footage to be used by Wodonga Council.

Do you wish to receive Wodonga Council’s quarterly volunteer e-newsletter?
[ ] Yes [ ] No

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

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<th>Wodonga hosts</th>
<th>Outdoor/environmental</th>
<th>Youth events/programs (ages 14 to 25 only)</th>
<th>Emergency response</th>
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<tr>
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<td>☐ Parks and gardens</td>
<td>☐ FReeZA committee</td>
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<td>☐ The Cube Wodonga</td>
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<td>☐ RED Carpet committee</td>
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<th>Community centres</th>
<th>Cultural services</th>
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<td>☐ Events and festivals</td>
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<td>☐ Baranduda Community Centre</td>
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<td>☐ Preschools</td>
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Do you consent to being contacted regarding volunteer opportunities other than those identified above or with organisations other than Wodonga Council?  ☐ Yes  ☐ No

Availability. Please indicate the days and time you are available, for example, 9am to 11am

☐ Monday AM/PM  ☐ Tuesday AM/PM  ☐ Wednesday AM/PM  ☐ Thursday AM/PM  ☐ Friday AM/PM  ☐ Saturday AM/PM  ☐ Sunday AM/PM

How often would you like to volunteer your services?

☐ Weekly  ☐ Fortnightly  ☐ Monthly  ☐ Other (please specify):

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 role statement 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: __________________________

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.

The Volunteer Co-ordinator will be in contact with you to arrange the relevant checks.

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

In person: Volunteer Development Co-ordinator  Post to: Volunteer Development Co-ordinator

Wodonga Council  Wodonga Council

104 Hovell St  PO Box 923

Wodonga, VIC 3690  Wodonga, VIC 3689

Personal and/or health information collected by the council is used for municipal purposes as specified in the Local Government Act 1989. The personal and or health information will be used solely by the council for these purposes and or directly related purposes. The council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and or health information provided is for the above purpose and that he or she may apply to the council for access to and/or amendment of the information. Requests for access and or correction should be made to the council’s privacy officer.