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

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Prefer not to say</th>
<th>Given name/s:</th>
<th>Surname:</th>
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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?

<table>
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<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Phone:</th>
<th>Mobile:</th>
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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

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

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
- [ ] Experience
- [ ] Centrelink requirement
- [ ] Social
- [ ] Educational requirement
- [ ] Spontaneous/emergency
- [ ] Other (please specify):

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:  Police check cleared:  Police check date:

<table>
<thead>
<tr>
<th>Registration date:</th>
<th>Police check number:</th>
<th>Date entered into Pathway:</th>
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Has the nominated location been notified? Volunteer policy received?

- [ ] Yes
- [ ] No

Yet to be placed reminder  Council staff member  Initials

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**CITY OF WODONGA**

Volunteer application form

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

<table>
<thead>
<tr>
<th>Wodonga hosts</th>
<th>Outdoor/environmental</th>
<th>Youth events/programs (ages 14 to 25 only)</th>
<th>Emergency response</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bonegilla Migrant Experience</td>
<td>☐ Parks and gardens</td>
<td>☐ FReeZA committee</td>
<td>☐ Relief centre</td>
</tr>
<tr>
<td>☐ The Cube Wodonga</td>
<td>☐ Wodonga conservation lands</td>
<td>☐ RED Carpet committee</td>
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<tr>
<td></td>
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<td>☐ Youth events</td>
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| Community centres | Cultural services | | |
|-------------------|-------------------|-----------------||
| ☐ Felltimber Community Centre | ☐ Events and festivals | ☐ Preschools | |
| ☐ Baranduda Community Centre | ☐ Arts Space Wodonga | | |
| | ☐ Community arts projects | | |
| | ☐ Wodonga Library | | |

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

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<th>Monday</th>
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**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** 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
Wodonga Council
104 Hovell St
Wodonga, VIC 3690

**Post to:** Volunteer Development Co-ordinator
Wodonga Council
PO Box 923
Wodonga, VIC 3689

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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.