



**Adelaide
Plains
Council**

VOLUNTEER REGISTRATION FORM

PERSONAL INFORMATION

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
Full Name					
Residential Address					P/Code
Postal Address (if different to above)					P/Code
Telephone(s)	Home:		Mobile:		
Email					
Date of Birth				Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

GENERAL INFORMATION

How did you find out about volunteering with us? (Can tick more than one box)

- | | | |
|-----------------------------------------------|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Website | <input type="checkbox"/> Council Office/Library | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Employment Consultant | <input type="checkbox"/> Centrelink |
| <input type="checkbox"/> Previous involvement | <input type="checkbox"/> Other _____ | |

Why do you want to volunteer? (Can tick more than one box)

- | | | |
|--------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> To help the community | <input type="checkbox"/> Develop or practice new skills | <input type="checkbox"/> Centrelink requirement |
| <input type="checkbox"/> To meet people | <input type="checkbox"/> For a reference | <input type="checkbox"/> Personal enjoyment |
| <input type="checkbox"/> Share knowledge and/or skills | <input type="checkbox"/> Experience to get a job | <input type="checkbox"/> Other _____ |

What are you interested in doing?

(administration, data entry, transport, graffiti removal, hospitality, shopping, friendly visiting, mentoring, biodiversity, gardening, tutoring, committee, events)

What are your skills or hobbies?

(driving, gardening, maintenance, cooking, art, craft, sport, music, reading, computing, leadership, administration, teaching, communication, literacy)

When would you like to volunteer with us?

- | | | | | |
|----------------------------------|--------------------------------------|----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> School Hours | <input type="checkbox"/> Weekend |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly | <input type="checkbox"/> One-off | <input type="checkbox"/> Other _____ |

EXPERIENCE

Have you worked or volunteered for Adelaide Plains Council before? If Yes in what capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any other relevant work experience.	
Please list any relevant qualifications.	
Are you currently required to fulfil any obligation? (eg Centrelink, School/Tertiary Placement) If Yes, please specify as well as the number of hours per week you need to commit)	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFEREES

(Please provide the details of two people who we can contact to learn more about you, ie; employer, work colleague, teacher, coach, church representative, neighbour)

Full Name		Relationship to Volunteer
Telephone(s)	Home:	Mobile
Full Name		Relationship to Volunteer
Telephone(s)	Home	Mobile

Do you have any criminal convictions?

☐ Yes ☐ No

Consent

I agree to undertake a National Criminal History check.

☐ Yes ☐ No

HEALTH DECLARATION

Council has 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 Council with relevant information to ensure your role and duties are appropriate to you and allow us to provide any necessary support. Please tick Yes or No as appropriate.

Have you ever suffered from a back condition or spinal disorders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had or do you have a sight, hearing or speech condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever suffered from a heart or lung condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had any joint disorders/arthritis, rheumatism or similar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had epilepsy, fainting spells or periods of unconsciousness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have a diabetic condition or a serious allergic reaction to anything?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any other serious health issues about which you consider we should be aware?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered 'Yes' to any of the above, please describe the condition and any assistance Council can provide to support you in your role.		
Are you on regular medication? If Yes, please specify.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a medical condition or disability which may affect the type of volunteer work being undertaken? If Yes, please specify.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have Ambulance Cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If required, would you be willing to undertake a medical examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMERGENCY CONTACT DETAILS:

Full Name		Relationship to Volunteer
Telephone(s)	Home	Mobile
Full Name		Relationship to Volunteer
Telephone(s)	Home	Mobile

TRANSPORT INFORMATION

If you are volunteering in a transport role please provide the following information:

Driver's Licence Number _____ Licence Expiry Date _____

Please attach a copy of your current driver's licence.

If you are using your own vehicle to provide transport, please provide the following information:

Vehicle Type _____ Registration Number _____

Please provide a copy of your current comprehensive insurance policy.

PARENTAL CONSENT

If under 18 years of age, we require parental/guardian permission for the applicant to participate in volunteering:

Name _____ Signature _____

Relationship _____ Contact Number _____

Address (if different to applicant) _____

I give permission for to work as a volunteer for Adelaide Plains Council.

DECLARATION

I, _____, certify to the best of my ability that the information contained in this Application/Registration form is accurate and correct and I agree to advise Council should a change occur to my circumstances, health condition or criminal record which could affect any volunteer role(s) assigned to me.

I understand that I am volunteering my services to assist Council with _____ (project name) in accordance with the Volunteer Role Statement relevant to my position.

I agree to uphold and work within the Council's Occupational Health and Safety Policy, Volunteer Management Policy and Code of Conduct whilst carrying out my volunteer duties and representing Adelaide Plains Council. I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work. I understand that I will be required to attend an information session about the position, undertake a reference check and undertake induction and program training prior to my commencement. I understand that when a volunteer commences with Adelaide Plains Council there is a 12 week probation period during which time either the volunteer or organisation can cease the volunteering relationship.

Signature _____

Date / /

Thank you for completing the Volunteer Registration Form.

Please note that this is an application only and does not guarantee a volunteer position.

Volunteers are recruited by Adelaide Plains Council on the needs of the Organisation and the skills and experience requirements indicated in the position descriptions.

Please note: Due to the requirements of the Local Government Mutual Liability Scheme, applicants are not accepted as volunteers with the Adelaide Plains Council until they have been approved and attended a Volunteer Induction session with the Adelaide Plains Council.

Please forward this completed document to:

Anne Sawtell

Manager Library and Community

Adelaide Plains Council, PO Box 18, Mallala, SA 5502

Fax: (08) 8527 2242

Email: info@apc.sa.gov.au

OFFICE USE ONLY

Manager Library and Community	Program Supervisor - Tasks
Application Form - Date	Program Supervisor's Name:
Referees Checks - Date Police Checks if required - Date	Name of Volunteer Program
Form RM – Date	Site Induction - Date
Letter of acknowledgement - RM and date sent	In house training - Date
Liaise with relevant Program Supervisor to ascertain if suitable position for volunteer. If Yes, arrange an informal interview – Date of scheduled interview	Training Needs Form if required – Date
Letter of acceptance and date of induction – RM and date sent	
Role Statement Reviewed and Distributed - Date	
Welcome pack Distributed (including Photo Application Form and Volunteer Agreement Form and Code of Conduct – Date	
Photo Application Form Returned and RM - Date	
Volunteer Agreement Form Returned and RM – Date	
Entered onto Volunteer Management Database - Date	
Induction Training – Overview – OHS – Date	
Advise Records – add personnel container for Volunteer	

Office Use Only Section needs to be added to Record Management (RM) System when completed.