

# Volunteer Application Form

## Confidential



The City of Kalamunda values its volunteers and thanks you for your interest in the Volunteer Program.

### Confidentiality

Maintaining the confidentiality of your personal information is of utmost concern to us. This information will be held in confidence within People Services and will only be used for insurance purposes and to assist the City in placing you in a position that will best utilise your skills and experience.

The table below identifies different areas within the City of Kalamunda which utilise this Volunteer Form:

Position of Interest:	Volunteer Role:	City Contact:
Friends of the Theatre Kalamunda Performing Arts Centre (KPAC)	Ushers Assist in morning tea service	KPAC Programming & Engagement Lead 9257 2558
Community Bus Drivers	Bus driver for community group outings	Customer Relations Officer Facility Bookings 9257 9999
Kalamunda Compassionate Communities	Citizen Connector Neighbour Support Compassionate Connector	Place Lead Kalamunda, Lesmurdie and Gooseberry Hill 9257 9958
Podiatry Services Receptionist	Provide reception and administration support	Place Lead Kalamunda, Lesmurdie and Gooseberry Hill 9257 9958
Books on Wheels Delivery Service	Volunteer driver	Branch Librarian - Kalamunda 9257 9852
Coffee Lounge	Prepare and serve morning tea at Woodlupine Community Centre	Place Lead Kalamunda, Lesmurdie and Gooseberry Hill 9257 9958
Perth Hills Kalamunda Visitor Centre	Provide visitor information, merchandise sales and administration support	Tourism and Economic Development Officer 9257 9998
Youth Action Kalamunda (Primary School and High School Branches)	Youth aged 10-25 Help develop and run youth events	Youth & Community Development Officer 9257 9867

Once you have identified your position of interest (from the table above), you will need to complete this Volunteer Application Form and email to [hr@kalamunda.wa.gov.au](mailto:hr@kalamunda.wa.gov.au) or you can drop off in person to our Admin Office or post to PO Box 42, KALAMUNDA WA 6926.

We will be in touch to advise on any available placements and if so, we would then proceed with a meet and greet as well as providing you with an email invitation with an online link to complete the required Volunteer National Police Certificate (VNPC) Consent Form.

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**IMPORTANT:** You must supply a minimum of one primary identification document AND one secondary identification document, either of which contains a photograph. Alternatively, three secondary documents can be accepted, providing that one document contains a photograph.

If you would like any assistance in completing this form below, please don't hesitate to contact either your point of contact within the area you wish to undertake volunteering activities, or People Services on (08) 9257 9648. The City of Kalamunda thanks you for volunteering your time and contributing to our community.

### Personal Details

First Name:	Surname:	Preferred Name:
Current Residential Address:		
Postal Address:		
Contact Phone No: Home:	Work:	Mobile:
Email Address:		
Best time to contact you:		

### Next of Kin/Emergency Contact

Full Name:
Nature of Relationship:
Contact Phone No:

### Drivers Licence

Do you hold a current driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/>
Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Other (e.g. Heavy Vehicle) <input type="checkbox"/>

### Working With Children Check (WWCC)

Do you hold a current working with children check? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide WWCC number:

### Volunteer Position

Please provide details of the program or specific volunteer role(s) that you are interested in (in order of preference if there are more than one).

Program/Activity (e.g.: library, KPAC)	Location	Volunteer Role

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## Availability to Volunteer

Hours Per Week:			Preferred Start Date:				
Preferred Days	Monday am <input type="checkbox"/> pm <input type="checkbox"/>	Tuesday am <input type="checkbox"/> pm <input type="checkbox"/>	Wednesday am <input type="checkbox"/> pm <input type="checkbox"/>	Thursday am <input type="checkbox"/> pm <input type="checkbox"/>	Friday am <input type="checkbox"/> pm <input type="checkbox"/>	Saturday am <input type="checkbox"/> pm <input type="checkbox"/>	Sunday am <input type="checkbox"/> pm <input type="checkbox"/>

## Skills & Qualifications

**Formal Qualifications:** (e.g. Diploma, Degree, Trade Certificate etc.)

**Other Training/Certification:** (E.g. First Aid, Advanced Driving etc.)

**Computer Skills:** (e.g. Word, Excel, PowerPoint etc.)

## Referees

Please provide the contact details of two people who are not family and who are willing to act as a referee for your chosen voluntary work position. This should be person(s) that you have known for at least two years.

<u>Referee 1</u> Name:	Relationship:	How long have you known this referee?
Phone:	Mobile:	Email:
<u>Referee 2</u> Name:	Relationship	How long have you known this referee?
Phone:	Mobile:	Email:

## Parental Consent

This section of the application form must be completed by all applicants **18 years of age and under**.

Parent/Guardian's Name:	Relationship to Applicant:	
Email:	Mobile:	Phone:
I give permission for the applicant to work as a volunteer for the City of Kalamunda.		
Parent/Guardian's Signature:	Date:	

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## Medical Information

### WORKPLACE HEALTH AND SAFETY

- *Volunteers must take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions.*
- *Comply, so far as they are reasonably able, with any reasonable instruction given by the City to allow the City to comply with WHS laws.*
- *Cooperate with any reasonable policy or procedure of the City relating to health or safety at the workplace.*

Do you have any existing disability, medical condition, allergy or injury? If yes, please list

Do you have any access needs? If yes, please list

If you have a medical condition, how serious is the condition if aggravated?

- ☐ Potentially life threatening
- ☐ Could require medical treatment (doctor, hospital etc)
- ☐ Could require own medication
- ☐ Could require rest or time off work

How could we recognise if your medical condition has recurred or been aggravated?

When was your most recent episode?

What is the management plan to minimise the medical condition?

What is the emergency plan if serious aggravation does occur?

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## Declaration

I agree to comply with the following terms and conditions that refer to my participation in all voluntary work for Local Government.

I am applying for volunteer work. ☐

I agree to maintain the highest standards of confidentiality with respect to any information obtained during my volunteer work. ☐

I shall respect the rights, feelings and property of all others associated with my volunteer work. ☐

I declare that the information contained in this application is true and correct. ☐

I understand that I may be required to undergo an interview, undertake a reference check, and background check (Volunteer National Police Clearance and/or Working with Children Check etc). ☐

I understand that I will be required to undertake an Induction and/or training program prior to my commencement. ☐

I will not smoke, consume or store alcohol or illicit drugs while working voluntarily on site. ☐

I shall cooperate with the City of Kalamunda's Policies and Procedures to ensure a safe, healthy and hygienic team environment. ☐

Name: (please print)	
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Signature:	
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Date:	
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Witness Name: (please print)	
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Signature:	
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Date:	
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