Volunteer Registration Form

**Please Note:** If Volunteers are under 18 years of age, a parent or guardian must complete the sections below and will maintain responsibility whilst the Volunteer is present during Volunteering activities.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal DETAILS – MANDATORY** | | | | | | | | |
| **Title** | **Mr / Mrs / Ms** (circle one) | | | | | | | |
| **First name** |  | | | | | | |
| **Surname** |  | | | | | | |
| **Home address** |  | | | | | | | |
|  | | | | **Postcode** | |  | |
| **Postal address** |  | | | | | | | |
| **Phone** |  | | **Mobile** |  | | | | |
| **Email** |  | | | | | **Preferred contact method** | |  |
| **Date of birth** |  | | **Date of application** | | |  | | |
| **Do you speak languages** |  | | **Are you a permanent resident of Australia** | | |  | | |
| **Emergency Contact Details Primary Contact – MANDATORY** | | | | | | | | |
| **Name** |  | | | | | | | |
| **Relationship** |  | | | | | | | |
| **Address** |  | | | | | | | |
| **Phone Number** |  | | | | | | | |
| **Emergency Contact Details Second Contact** | | | | | | | | |
| **Name** |  | | | | | | | |
| **Relationship** |  | | | | | | | |
| **Address** |  | | | | | | | |
| **Phone Number** |  | | | | | | | |

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| **Medical Information – MANDATORY** | | | | | | | | | | | | | | |
| Do you have an existing medical disability / condition / injury? (including allergic reactions) Please detail | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Do you take any medication that may affect your volunteer work? Please provide details | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Volunteer Position** | | | | | | | | | | | | | | |
| Please provide details of the program or specific volunteer role(s) that you are interested in (in order of preference, if more than one) | | | | | | | | | | | | | | |
| Program Area | | | | Location | | | | | Volunteer Role | | | | | |
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| **Skills and Qualifications** | | | | | | | | | | | | | | |
| Knowledge and experience | | |  | | | | | | | | | | | |
| Current Drivers Licence | | | YES NO | | | If yes please list number | | | | | |  | | |
| **Availability to Volunteer** | | | | | | | | | | | | | | |
| No. hours/week |  | | | | | | Start Date | | |  | | | | |
| **Preferred Days**  Please circle | **Monday** | **Tuesday** | | | **Wednesday** | | | **Thursday** | | | **Friday** | | **Saturday** | **Sunday** |
| **Preferred Time/s** |  |  | | |  | | |  | | |  | |  |  |

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| --- | --- | --- | --- | --- |
| **Employment and/or Volunteering History** | | | | |
| **Have you worked/volunteered  for Hobart City Council before?** | | **YES NO** | | |
| **If yes in what capacity and when?** | |  | | |
| **Have you, or do you currently volunteer for other organisations? YES NO** | | | | |
| **If yes please specify** | | |  | |
| **Newsletter – Bushcare Volunteers Only** | | | | |
| On a quarterly basis The Council provides Bushcare Volunteers with a schedule of upcoming Bushcare Program activities, the Bandicoot Times (the program’s newsletter) and the Bush Adventure Program calendar.  Would you like this information forwarded to you? YES NO  (Please circle your preferences)  Post or Email | | | | |
| **Referees** | | | | |
| Please provide the contact details of two people who are not family members and who are willing to act as referees for your chosen voluntary role. One referee is mandatory and a second is optional. | | | | |
| Referee 1 - Mandatory  Name | Relationship | | | How long have you known this referee? |
| Phone | Mobile | | | Email |
| Referee 2 - Optional  Name | Relationship | | | How long have you known this referee? |
| Phone | Mobile | | | Email |
| **How did you become aware of the Volunteering  opportunities at Council?** | | | | |
| Friend | Newspaper | | | Other |

Thank you for registering to become a volunteer with Hobart City Council.

You will be advised if a suitable volunteer placement is available.

**Please forward your completed registration form to:   
Hobart City Council, GPO Box 503 Hobart TAS 7001 or via email at:**

[**volunteering@hobartcity.com.au**](mailto:volunteering@hobartcity.com.au)

|  |  |
| --- | --- |
| **DATE** |  |
| **SIGNATURE** |  |
| **SIGNATURE** |  |
|  | Parent/Guardian |
| A copy of this form is to be retained by the supervisor on the personal file and a copy forwarded to the Human Resource Assistant | |