

Volunteer registration application (Mathers House)



City of HOBART

When to use this form

Use this form if you would like to apply to become a volunteer with the City of Hobart at Mathers House.

If you are under 18 years of age, a parent or guardian must complete the sections below on your behalf. They will also be responsible for you during your volunteering activities.

Personal details

First name Required

Last name Required

Email address Required

Telephone number Required

Address Required

Is this your postal address? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'no' in *Personal details: Is this your postal address?*

Postal address Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

Date of birth Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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Are you a permanent resident of Australia? (Select 1 option) Required

- Yes
- No

Do you speak other languages? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Personal details: Do you speak other languages?*

What other language(s) do you speak? Required

Emergency contact details

Primary contact

First name Required

Last name Required

Relationship to you Required

Telephone number Required

Address Required

Secondary contact

First name

Last name

Relationship to you

Telephone number

Address

Medical information

Do you have an existing medical condition, disability or injury that may affect your work as a volunteer? (including allergic reactions) (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Medical information: Do you have an existing medical condition, disability or injury that may affect your work as a volunteer? (including allergic reactions)*

Please provide details Required

Do you take any medication that may affect your volunteer work? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Medical information: Do you take any medication that may affect your volunteer work?*

Please provide details Required

Position details

Skills and qualifications

Please outline the knowledge, experience and interests you can offer Required

Do you hold a Working with vulnerable people card? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Position details: Do you hold a Working with vulnerable people card?*

What is the registration number? Required

Availability to volunteer

Please indicate an approximate number of hours per week you would be available to volunteer Required

Preferred days (Select 1 or more options) Required

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Preferred times Required

Preferred start date Required

(submitting online? Use the calendar icon on the right to select the date)

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Employment and/or volunteering history

Have you worked or volunteered for the City of Hobart previously? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Employment and/or volunteering history: Have you worked or volunteered for the City of Hobart previously?*

In what capacity and when? Required

Do you currently volunteer for other organisations, or have you done so in the past? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Employment and/or volunteering history*: Do you currently volunteer for other organisations, or have you done so in the past?

Please provide details Required

Newsletter

On a quarterly basis the Council distributes a schedule of upcoming Positive Ageing Program activities called the What's On.

Would you like this information sent to you? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Newsletter* : Would you like this information sent to you?

Preferred method of receiving (Select 1 option) Required

- email
- Australia Post

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

First name Required

Last name Required

Email address

Telephone number Required

Relationship to you Required

How long have you known this person? Required

Referee 2

First name

Last name

Email address

Telephone number

Relationship to you

How long have you known this person?

How did you hear about the volunteering opportunities at the City of Hobart? (Select 1 or more options)

Required

- friend
- newspaper
- other

Declaration

In making this application: (Select 1 or more options)

- I declare that the information I have provided is true, accurate and complete. Required
- I agree that by typing my name below I have signed this application. Required

Name of signatory Required

Date Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

End of form