Volunteer registration application (Mathers House)



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.

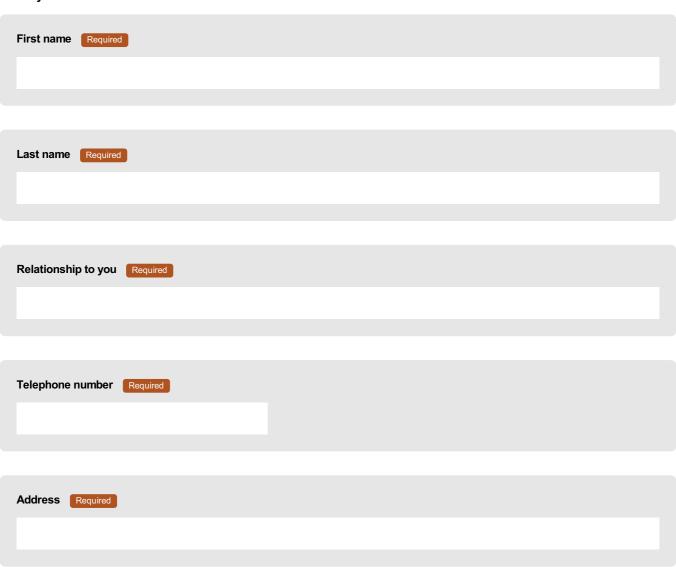
Personal details	
First name Required	
Last name Required	
Email address Required	
Telephone number Required	
Address Required	

Is this your postal address? (Select 1 option) 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) email telephone Australia Post
Date of birth Required (submitting online? Use the calendar icon on the right to select the date) D
Are you a permanent resident of Australia? (Select 1 option) Yes No
Do you speak other languages? (Select 1 option) Required yes no



Emergency contact details

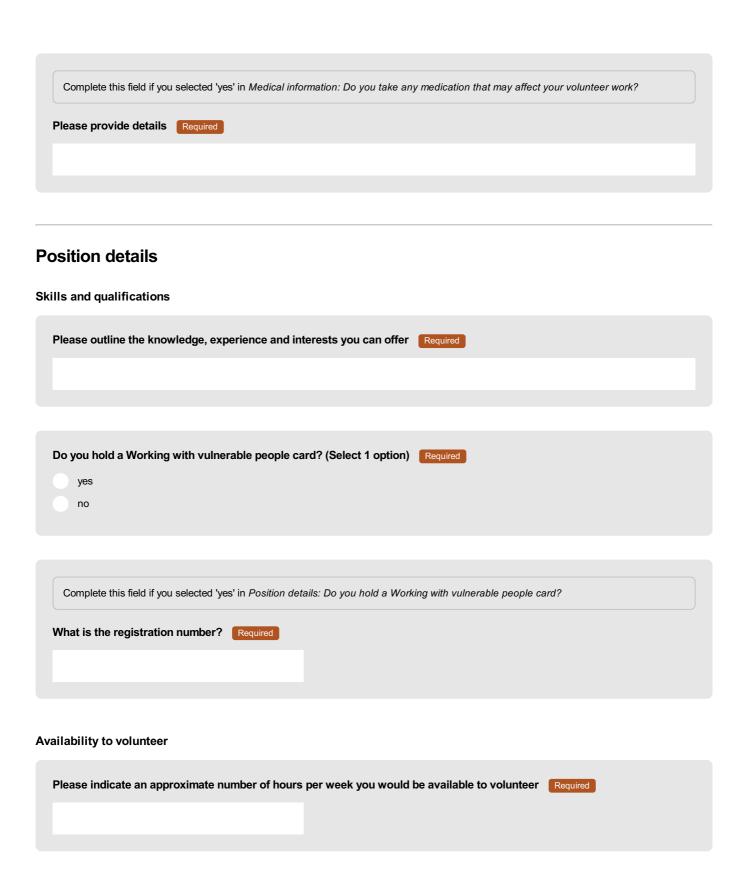
Primary contact



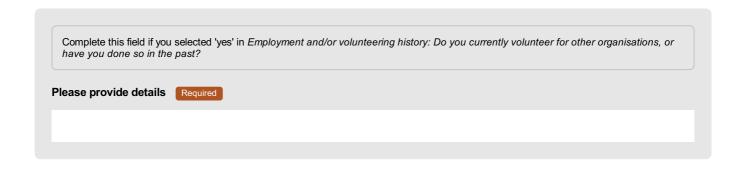
Secondary contact

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) yes no	
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Do you have an existing medical condition, disability or injury that may affect your work as a volunteer? (including allergic reactions) (Select 1 option) 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)	
Do you have an existing medical condition, disability or injury that may affect your work as a volunteer? (including allergic reactions) (Select 1 option) yes no	

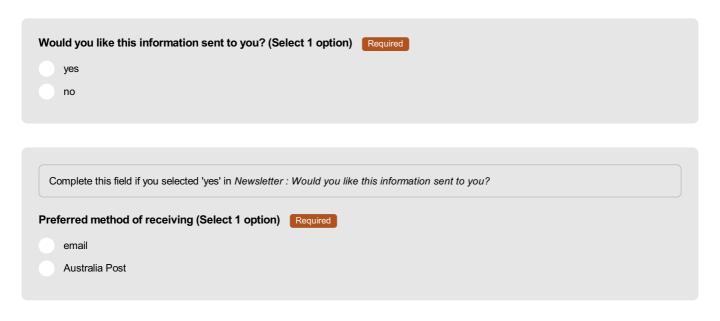


Preferred days (Select 1 or more options) Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Preferred times Required
Preferred start date (submitting online? Use the calendar icon on the right to select the date) D
Employment and/or volunteering history Have you worked or volunteered for the City of Hobart previously? (Select 1 option) 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) yes no



Newsletter

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



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.



Email address
Telephone number Required
Relationship to you Required
How long have you known this person? Required
Referee 2
Referee 2 First name
First name
First name
First name
First name Last name
First name Last name
First name Last name

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) 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)

For information on how Council manages, handles and protects personal information it collects please refer to the Privacy Statement and Policy.