

Volunteer Application Form			
Personal Details – Mandatory			
Title <i>Circle one</i>	Mr/Mrs/Ms	First Name	Last name
Home address			
Postal address		Postcode	
Phone		Mobile	
Email		Preferred contact method	
Date of Birth		Date of application	
Do you speak other languages	Are you a permanent resident of Australia	YES/ NO <i>Circle one</i>	
Emergency Contact Details- Primary Contact – Mandatory			
Name			
Relationship			
Address			
Phone number			
Emergency Contact Details - Second Contact			
Name			
Relationship			
Address			
Phone number			
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 tick			
Garden Mate	Peer Educator	Both	
Skills and Qualifications			
Knowledge, experience and interests			

Current Drivers Licence	YES/ NO	<i>If yes please list number</i>					
Availability to Volunteer							
No. hours/week							
Preferred Days <i>Please circle</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preferred Time							

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	

Referees		
<i>Please provide contact details of 2 people: 1. Professional/academic relationship 2. Not a family member</i>		
Referee 1: Name	Relationship	How long have you known this referee?
Phone	Mobile	Email
Referee 2: 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

DATE: _____

SIGNATURE: _____

A copy of this form is to be retained by the supervisor on the personal file and a copy forwarded to Human Resources.