

# Volunteer Application Form

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male  Female  (Please ✓):

Area of Interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach a cover letter detailing skills/experience and why you would like to Volunteer at Wagga Wagga City Council.

Preferred Days (Please ✓):

Mon  Tue  Wed  Thu  Fri  Sat  Sun

Do you have any special needs or medial conditions that Council needs to be aware of: Yes  No

If so, please list: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referees:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please tell us about yourself:

Are you an Australian citizen? Yes  No

If No, have you applied for citizenship or a have valid Visa? Yes  No

Please contact the Department of Immigration and Citizenship to check your eligibility to work.

Phone 13 1881 or go to [www.immi.gov.au](http://www.immi.gov.au).

## Privacy and Personal Information Protection Act 1998

The personal information provided in this document is protected under the Privacy and Personal Information Protection Act (PPIPA) 1998. Wagga Wagga City Council must not disclose your personal information to any person or body if it is not directly related to the purpose for which the information was collected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: If applicant is under the age of 18, a parent or guardian must co-sign the application and the volunteer must be supervised at all times by a responsible adult.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if applicant is under 18 years of age)