

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

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.

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)

TEAMWORK

INNOVATION

RESPECT

TRUST