

Volunteer Application Form

First Name: Surname:

Phone:..... Email:.....

Gender: Male Female Non-binary (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

Council is committed to ensuring the health, safety and wellbeing of all people within our workplace.

1. Do you identify as an individual with a disability? Yes No

(Disability includes physical, neurological conditions (such as Asperger's), speech, learning difficulties (such as dyslexia), mental health (such as anxiety, depression) hearing loss and vision impairment.)

a. If Yes, please outline below including what assistance you may require during the voluntary placement.

.....

2. Do you have any health issues which may impair your ability to effectively undertake the duties of the voluntary position you have applied for? Yes No

a. If Yes, please outline below including what assistance you may require during the voluntary placement.

.....

3. Do you require assistance completing Council's online induction modules and/or documentation?

Yes No a. If Yes, please outline below including what assistance you will require.

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Carer Name: (if applicable)

Email: Phone:

EMERGENCY CONTACT DETAILS:

Emergency Contact Name: Relationship:

Phone:.....

Please tell us about yourself:

Are you an Australian citizen? Yes No

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

Non-citizens of Australia must apply for the correct visa to be eligible to undertake voluntary work.

Please contact the Department of Home Affairs to check your eligibility to work.

Phone 131881 or go to <https://immi.homeaffairs.gov.au/>

Have you ever been charged or convicted of an offence under the Exhibited Animals Protection Act 1996 (Clause 31A)? Yes No

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)

Submission instructions

Email: council@wagga.nsw.gov.au

In person: Civic Centre customer service, 243 Baylis Street Wagga Wagga NSW 2650

Post: City of Wagga Wagga PO Box 20 Wagga Wagga 2650