



If you need help lodging your form, contact your supervisor or council's volunteer coordinator:	
Email	volunteer@northernbeaches.nsw.gov.au
Phone	9942 2231
Return to	Your supervisor

Office use only	
Form ID	2013
TRIM Ref	2019/266466
Last Updated	October 2019
Business Unit	Community, Arts & Culture

Privacy Protection Notice	
Purpose of collection:	For Council staff to be able to contact you about your role, and to ensure the safety of volunteers and staff
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to place you in a role
Access/Correction:	Please contact your supervisor to access or correct your personal information

Part 1: Volunteer Details

Title						
Full Name						
Date of Birth					Gender	
Home Address						
Mailing Address						as above
Home/Work Phone			Mobile			
Email						
Do you speak a language other than English at home?	Yes	Please State			No	Prefer not to say
Do you identify as Aboriginal or Torres Strait Islander?			Yes	No	Prefer not to say	

Part 2: Emergency Contact Details / Next of Kin

Full Name						
Home/Work Phone			Mobile			
Relationship to Volunteer						
Home Address						

Full Name						
Home/Work Phone			Mobile			
Relationship to Volunteer						
Home Address						

Part 3: Medical Conditions

Do you have any medical conditions, injuries, illness, disabilities or allergies?	Yes	No
If Yes, please specify the condition and complete the separate medical condition report form (2019/530348) which your supervisor will provide.		
Are you taking any medication that may affect you while performing your role?	Yes	No
If Yes, please specify the condition and complete the separate medical condition report form (2019/530348) which your supervisor will provide.		

Part 4: Volunteer Role

Where are you confirmed to volunteer?		
Position		
Service Area		
Location		
Supervisor		
Are you happy to be contacted about other casual volunteer roles that may suit you? Eg. Special projects and events.	Yes	No
Do you speak a second language? Please state.		

Part 5: Declaration & Signature

APPLICANT DECLARATION		
<p>1. I agree to work in accordance with instructions, policies and procedures provided by Council supervisors.</p> <p>2. I agree that I can meet the requirements of, and will work in accordance with, the position description provided.</p> <p>3. I agree to take reasonable care of my own health and safety, and the safety of others around me. i.e. other volunteers, members of the public, clients or staff.</p> <p>4. I am aware that it is preferable to leave valuable items at home. Council shall not take responsibility for participant's goods that are lost or stolen whilst participating.</p> <p>5. I understand that this agreement is of a voluntary nature, that no payment shall be received, and that either party may terminate this agreement at any time.</p> <p>6. I agree to inform Council staff and accept necessary changes, if at any time I am prescribed medication and/or acquire a medical condition, injury or illness, that may affect my ability to perform my volunteering role i.e. affect my ability to drive a vehicle, use tools and equipment, or which may affect the way I interact with people.</p>		
I hereby acknowledge that I have read and understood the above declaration and the details I have provided are true and correct at this time. I understand prior to the commencement of my role I must undertake a volunteer induction, and that I am responsible for notifying my supervisor should any of the details on this form change.		
Signed by volunteer		Date

Part 6: Volunteers who are Under 18 Years of Age

<p>Parent / Guardian Signature is required for all applications under 18 years of age.</p> <p>Volunteers aged under 18 years are required to acquire parental or guardian consent prior to undertaking volunteer duties. This is in accordance with Councils volunteer insurance policy. Please note you are unable to participate as a volunteer if you are under 14 years of age.</p>

I represent and warrant that; I am the parent or guardian of the minor whose name appears enclosed I certify that my child is aged over 14 years and that I have approved of and consented to my child's activities in connection with participation as a Council Volunteer prior to commencement of such duties.		
Full Name of Parent/Guardian		
Street Address		
Suburb	Contact Number	
Email		
Signature		Date