

Volunteer Application Form (Youth)



CONFIDENTIAL Volunteer Application Form

Personal details

First name(s):

Last name:

Address:

Phone number:

Email address:

Date of birth:

Country of birth:

Gender:

Unique Student Identifier:

Emergency details

Contact name:

Relationship to you:

Phone number(s):

Address:

Name of your Doctor:

Phone number:

Volunteering information:

What role are you interested in?

Do you need anything to help you in the role? E.g., Do you need wheelchair access. Yes ☐ No ☐
Explain:

Why do you want to volunteer?

- | | | |
|---|--|--|
| <input type="checkbox"/> Help others | <input type="checkbox"/> Be active | <input type="checkbox"/> Help get a job |
| <input type="checkbox"/> Happiness | <input type="checkbox"/> Religious beliefs | <input type="checkbox"/> Centrelink obligation |
| <input type="checkbox"/> My family volunteers | <input type="checkbox"/> Use my skills | <input type="checkbox"/> Free time |
| <input type="checkbox"/> Meet people | <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Other |

Have you worked or volunteered for the City of Playford before? Yes ☐ No ☐

What skills do you have? E.g., computer skills, good listener.

Do you have any qualifications or certificates? E.g., First Aid or TAFE Certificates.

Do you agree to completing a Police Clearance or other Screening? Yes ☐ No ☐

Aged Care Volunteers ONLY

After the age of 16, have you lived in another country?

Yes ☐ No ☐

If yes, do you agree to completing a Statutory Declaration?

Yes ☐ No ☐

Can you provide the name of a reference if requested? Yes ☐ No ☐

Do you agree to us taking your photo and using it for promotion or recognition? Yes ☐ No ☐

Covid-19 Vaccination (Aged Care Volunteers ONLY):

City of Playford is required to continue to report on the vaccination status of those working in the Commonwealth Home Support Program (CHSP) to the Department of Health and Aged Care. We are therefore required to request COVID-19 vaccination information from new volunteers working in this area. Your vaccination status will not have any impact on the outcome of your application.

- ☐ I have received one dose of an approved COVID-19 vaccination
- ☐ I have received two doses of an approved COVID-19 vaccination
- ☐ I have received a booster dose of an approved COVID-19 vaccination
- ☐ I am un-vaccinated

Agreement:

- ☐ I am applying for volunteer work with the City of Playford
- ☐ I agree to complete an information session, reference check and any training before I can start
- ☐ I understand that I have a 6-week trial and I can leave or be asked to leave during the trial
- ☐ I agree to keep confidential, all sensitive information I come across during my volunteer duties
- ☐ I agree to tell my coordinator when I am unable to work in a safe manner before my shift starts
- ☐ I will update my personal details as soon as possible by telling my coordinator

- ☐ I agree that I have given correct information in this application.

Volunteer name:

Volunteer Signature:

Date:

Parental Consent:

This section of the application must be completed by all applicants 17 years of age and under.

Parent / Guardian name:

Phone number(s):

Address (if different to applicant):

I give permission for _____ to work as a
volunteer for the City of Playford.

I consent to photographs being taken and used in Council publications: Yes ☐ No ☐

Parent / Guardian Signature:

Date:

City of Playford Communication:



Please tick any mailing lists you would like to hear from:

- ☐ Jobs (after 3 months of volunteering)
- ☐ Training
- ☐ Shedley Events – upcoming shows and special offers
- ☐ One off & short-term volunteering (i.e., Playford Christmas Pageant, Events)

Admin only: *To be discussed with applicant*

Preferred name:

Preferred method of contact: ☐ Phone ☐ Email ☐ SMS ☐ Mail

Centrelink obligation: ☐ Yes ☐ No ☐ 15/30 ☐ Other

Recruitment method: ☐ Direct ☐ Word of mouth ☐ Website ☐ Northern Volunteering

Please detail volunteers' diversity, if any:
