

# Volunteer application form



From 1 January 2012, NSW has a new Work Health and Safety (WHS) Act and Regulation that replaces the Occupational Health and Safety (OHS) laws. Under the WHS Act employees, contractors, labour hire staff and volunteers are collectively recognised as 'workers'.

## Volunteer Information

First Name:  Last Name:

Street Address:

Suburb:  Postcode:

Telephone: (Home)  (Work)

Mobile:  Date of Birth:

Email:

Do you have any physical or medical limitations or are you on any medication or under any course of treatment that might limit your ability to perform certain types of activities?

Yes  No  If yes, please describe

If UNSURE, please discuss with your Medical Practitioner and provide clearance before proceeding.

## Emergency Contact

Name:

Relationship (eg. Parent, Partner):

Mobile:  Telephone: (Home)

(Work)

Email:

## I would like to assist with the following areas:

Please tick (✓) applicable boxes:

Assistance with programs  Book reviews  Book sales  Family history  Homework Help Program

Are you prepared to commit to our volunteer program?

Yes  No  Signature

Please outline the goals you wish to achieve

Do you have a preferred location/branch you wish to volunteer at?



What times/days would you be available to volunteer? This is only an indication, as further discussions will be held prior to confirmation of placement.

## Conditions of Participation

I agree to comply with the following terms that refer to my participation in all projects and activities:

- 1) I am fit to participate in this activity.
- 2) I give permission for first aid to be administered if required.
- 3) I am taking part in this activity as a volunteer.
- 4) I will not smoke, consume or store alcohol or illicit drugs while working on site.
- 5) I shall respect the rights, feelings and properties of others.
- 6) I shall cooperate with the Staff Development Officer and Supervisor to ensure a safe, happy and hygienic team environment.
- 7) My placement is at the discretion of Staff Development Officer.
- 8) Photographs or videos taken of me during the placement may be used by Lake Macquarie City Council for promotional purposes.

I understand that failure to comply with any of these conditions may result in the Supervisor requesting me to leave a site.

Volunteer signature

Date:

LMCC Council Officer

Date:

### Privacy notification concerning collection of personal details

Purpose of collection: To record volunteer contact details and add to program status.

Intended recipients: Council staff and Council's insurance company.

Supply: Voluntary, however Council is unable to process your registration without details requested.

Volunteer information may be corrected or updated by contacting the Staff Development Officer.

