

VOLUNTEER APPLICATION

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|---|--|
| Name | |
| Date of Birth | |
| Address | |
| Telephone no. | Home: Mobile: |
| Emergency contact | Name: Telephone: Relationship to you: |
| Days and times you are available? | <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly |
| Area of Council you would like to volunteer in? | <input type="checkbox"/> Bathurst Memorial Entertainment Centre <input type="checkbox"/> Art Gallery <input type="checkbox"/> Australian Fossil & Mineral Museum <input type="checkbox"/> Other _____ |
| Skills, interests or work experience? | |
| Do you have any existing medical conditions, injuries or disabilities that could affect your work? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: |
| Referee | Name: Telephone: |

I declare this information to be true and correct to the best of my knowledge.

Signature of applicant: _____ Date: _____

| | |
|---|---------------------------------|
| Office use: Date application received _____ | Confirmation letter sent: _____ |
| Notice of Induction sent _____ | Booked induction date _____ |

The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.