

Applicant Details

Preferred Title: Mr Mrs Ms Miss

Surname:

Given Names: Preferred Name:

Postal Address: Postcode:

Work Phone: Home Phone:

Mobile: Email:

Date of Birth:

Do you hold a working with children and young people blue card? Yes No

Current Blue Card Number: Expiry:

Do you have a current driver's licence? Yes No

Do you speak a language other than English? Yes No

If yes, please specify:

Do you have any physical or medical limitations or are you under any course of treatment which might limit your ability to perform certain types of activities? Yes No

If yes, please describe:

Further Information

Please indicate the days and times you would be available: eg. 9am - 11am

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

How often would you like to volunteer your services?

Weekly Fortnightly Monthly Other (please specify)

What are your preferred choices for volunteering opportunities within Council?

1.

2.

3.

Note: All applications submitted will be considered and assessed on availability of positions and will not be excluded for any reason which is not directly related to the requirements of the volunteer position.

Please provide details on why you are interested in volunteering for Council and specify any special skills/qualifications you have that will assist you in these roles:

How did you hear about Ipswich City Council's Volunteer Program?

- Referral from Family/Relative/Friend
 Referral from ICC Volunteer
 Newspaper
 Ipswich City Council Volunteer Brochure
 Ipswich City Council Website

Emergency Contact Details

Contact Surname:

Contact Given Names:

Relationship:

Address: Postcode:

Home Phone: Work Phone:

Mobile:

Referees

Please list contact details of at least two people who can be contacted and/or attach written references.

Name of Referee	Telephone Number	
	Home	Work

In Confidence

Do you have any:

Adult criminal convictions? Yes No

If yes, please give details:

Applicant's Signature

This is to certify that the information I have supplied is true and correct.

Signature:

Date:

Ipswich City Council is collecting your personal information on this form in order to assess eligibility for and to provide services through the Volunteers initiative. Your information will not be given to any other agency unless you have given us permission or we are required by law. Your personal information is handled in accordance with the Information Privacy Act 2009.

Post to:
Community Development Project Officer
PO Box 191, IPSWICH QLD 4305

Deliver to:
WG Hayden Building (Humanities Centre)
56 South Street, Ipswich

Email:
community@ipswich.qld.gov.au

OPTIONAL - Please attach current resume