

## 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 on any medication or 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)

(Please refer to information kit for individual program requirements)

What are your preferred choices for volunteering opportunities within Council?

1.

2.

3.

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

**OPTIONAL - Please attach current resume**

# Volunteer Application Form

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     
  Other

## 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:

<b>Post to:</b> Community Development Project Officer PO Box 191, IPSWICH QLD 4305	<b>Deliver to:</b> WG Hayden Building (Humanities Centre) 56 South Street, Ipswich	<b>Email:</b> community@ipswich.qld.gov.au
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**IMPORTANT NOTICE:**

Ipswich City Council is collecting your personal information so that we can assess eligibility for and to provide service through the volunteers' initiative. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to relevant Council Committees. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.