	<h2 style="margin: 0;">Volunteer Expression of Interest</h2>	Form No:	CD002
		Version No:	1.1
		Page No:	1 of 5
		Last Updated:	23 October 2017
		Form Ownership:	Community Development Officer
		Relevant Policy/Act:	HRPR 03 Volunteer Management Procedure

If you require support to complete this form please contact the District Council of Grant Volunteer Coordinator on 8721 0444
The sections marked with an asterisk '*' are required fields

PERSONAL INFORMATION

Mr Mrs Ms Miss Other Preferred Name: _____
 Given Name/s: _____ Surname: _____
 Date of Birth: _____ Gender: Male Female
 Physical Address: _____ Suburb: _____ P/Code: _____
 Postal Address: _____ Suburb: _____ P/Code: _____
 Home Phone: _____ Mobile: _____
 E-mail: _____
 Are you: Torres Strait Islander Aboriginal Not Applicable

Do you speak a language other than English? Yes No
If 'yes', please detail the language/s: _____

VOLUNTEERING

How did you find out about volunteering with us?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community Complex | <input type="checkbox"/> Mount Gambier Library | <input type="checkbox"/> District Council of Grant Website |
| <input type="checkbox"/> School/TAFE | <input type="checkbox"/> Rehabilitation Consultant | <input type="checkbox"/> District Council of Grant Office |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Employment Consultant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Centrelink | |

Why do you want to volunteer? (may be more than one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Develop or practice new skills | <input type="checkbox"/> To help the community | <input type="checkbox"/> Share knowledge and/or skills |
| <input type="checkbox"/> Explore a career change | <input type="checkbox"/> To meet people | <input type="checkbox"/> Centrelink requirement |
| <input type="checkbox"/> Experience to get a job | <input type="checkbox"/> Give back to the community | <input type="checkbox"/> School requirement |
| <input type="checkbox"/> For a reference | <input type="checkbox"/> Personal enjoyment | <input type="checkbox"/> Work hardening |
| <input type="checkbox"/> Personal Development (ie; increase confidence, self-esteem) | <input type="checkbox"/> Other: _____ | |


What are your skills or hobbies?

(driving, gardening, maintenance, cooking, art, craft, sport, music, reading, computing, leadership, administration, teaching, communication, literacy)

Please list any formal qualifications:

Attach copy if applicable

Please list any relevant work experience:

	<h2>Volunteer Expression of Interest</h2>	Form No:	CD002
		Version No:	1.1
		Page No:	2 of 5
		Last Updated:	23 October 2017
		Form Ownership:	Community Development Officer
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When would you like to volunteer with us?

- Morning Afternoon Evening School Hours Weekend
 Weekly Fortnightly Monthly One-off Other: _____

Who would you like to volunteer with?

- Children Other Volunteers Seniors
 Youth (12 years to 25 years) People with Disabilities Other: _____

Where would you like to volunteer?

- Port MacDonnell Community Complex – admin, library, activities, tourism Projects & Events
 Outside, eg parks and gardens Youth On Wheels (learner driver mentors)
 Other

What are some roles you may be interested in doing as a volunteer?

i.e customer service, data entry, transport, mentoring, gardening, tutoring, committee, events, catering, library, visitor information, administration (Role may not be listed or may be more than one of the above)

Have you previously volunteered with the District Council of Grant? Yes NO

Are you a member of a community or sporting group? Yes NO *If 'yes', please provide details:*

What is your current employment status?


- Employed (full or part time) Student Centrelink
 Unemployed Retired Other: _____

If you answered 'Centrelink' please tick the relevant program below:

- Mutual Obligation New Start Volunteer Work Initiative
 Disability Pension Other: _____

Please provide brief details of your work history:

Employer	Role	Years

	<h2>Volunteer Expression of Interest</h2>	Form No:	CD002
		Version No:	1.1
		Page No:	3 of 5
		Last Updated:	23 October 2017
		Form Ownership:	Community Development Officer
		Relevant Policy/Act:	HRPR 03 Volunteer Management Procedure

MEDICAL INFORMATION

The District Council of Grant is an equal opportunity employer. We recognise that some people have medical conditions and/or disabilities and ask that these be disclosed to enable us to provide support, if required.

Do you suffer from any medical condition and/or disability that may affect your ability to undertake your voluntary role? Yes No *If 'yes', please provide details:*

If you have a medical condition and/or disability, are there any forms of assistance we can provide to support you in your role? Yes No *If 'yes', please provide details:*

Are you using your own car to volunteer with the District Council of Grant? Yes No

If 'yes', please provide details:

Drivers Licence Number: _____

Expiry Date: _____

Vehicle Type: _____

Registration Number: _____

Is the Vehicle comprehensively insured? Yes No

Insurance Number & Expiry Date: _____

Emergency Contact Details (Please provide details of parent/guardian if under 18 years)

Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Private Address: _____

Suburb: _____ P/Code _____


Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Private Address: _____

Suburb: _____ P/Code _____

	<h2>Volunteer Expression of Interest</h2>	Form No:	CD002
		Version No:	1.1
		Page No:	4 of 5
		Last Updated:	23 October 2017
		Form Ownership:	Community Development Officer
		Relevant Policy/Act:	HRPR 03 Volunteer Management Procedure

REFEREES

(Please provide the details of two people who we can contact to learn more about you, ie; employer, work colleague, teacher, coach, church representative, neighbour)

Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Best time to contact: morning afternoon evening

Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Best time to contact: morning afternoon evening

CONSENTS

	Yes	No
I agree to undertake a National Criminal History check <i>(all volunteers)</i>	<input type="checkbox"/>	<input type="checkbox"/>
I agree to undertake Mandatory Training and DSCI check <i>(if my role requires me to work directly with people under 18 years of age or vulnerable persons)</i>	<input type="checkbox"/>	<input type="checkbox"/>
I agree to undertake induction and any necessary training to safely fulfil my volunteer role with Council, and follow Council's Policies & Procedures in performing my role <i>(all volunteers)</i>	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the District Council of Grant to use my name and/or image in any Council Publication, website or other material <i>(all volunteers)</i>	<input type="checkbox"/>	<input type="checkbox"/>

If under 18 years of age, we require parental/guardian permission for the applicant to participate in volunteering:

Name: _____ Signature: _____


Relationship: _____ Contact Number: _____

DECLARATION

I declare that all the information I have provided to be accurate and true

Signature: _____ **Date:** _____

In support of your application, you may like to attach a current resume outlining your work history, education and qualifications.

	Volunteer Expression of Interest	Form No:	CD002
		Version No:	1.1
		Page No:	5 of 5
		Last Updated:	23 October 2017
		Form Ownership:	Community Development Officer
		Relevant Policy/Act:	HRPR 03 Volunteer Management Procedure

**Please forward this completed form to the
District Council of Grant Volunteer Coordinator:**

FAX: (08) 8721 0410

POST: PO BOX 724
MOUNT GAMBIER SA 5290

EMAIL: info@dcgrant.sa.gov.au

DELIVER: District Council of Grant
324 Commercial Street West, MOUNT GAMBIER
or
Port MacDonnell Community Complex
5-7 Charles Street, PORT MACDONNELL

QUESTIONS: Contact the Volunteer Coordinator on (08) 8721 0444
or email info@dcgrant.sa.gov.au

Thank you for considering volunteering with the District Council of Grant.

All volunteer information and documentation will be stored electronically by the District Council of Grant and will be accessible by Authorised Council staff and authorised members of relevant Management Committees. Your information is confidential and will not be disclosed to any unauthorised individuals.

Office Use Only

Induction Date:	Volunteer Position:
Volunteer Start Date:	Volunteer Program:
	Supervisor Name: