

## **VOLUNTEER APPLICATION FORM**

**PRIVACY NOTICE:** Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of assessing your application and managing your volunteering. In order to manage the volunteering function we may need to disclose some of this information to the volunteering programme you are linked with.

Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.



**Website** [www.livingstone.qld.gov.au](http://www.livingstone.qld.gov.au)  
**Enquiries** 4913 5000 or 1300 790 919  
**Address** PO Box 2292 YEPPOON QLD 4703  
**Email** [enquiries@livingstone.qld.gov.au](mailto:enquiries@livingstone.qld.gov.au)

APPLICANT DETAILS						
Preferred Title:	Mr	Miss	Mrs	Ms	Dr	Other
Surname:	Given names:		Preferred name:			
Gender:	M (Male)	F (Female)		X (Indeterminate/Intersex/Unspecified)		
Home address:						
Suburb:		State:		Postcode:		
Postal address (if different):						
Mobile:		Home phone:		Work phone:		
Email address:						
Date of birth:						
Were you born in Australia?		Yes, please indicate state of birth:		No, please indicate country of birth:		
Is English your first language?		Yes		No, please indicate your first language:		
Do you identify with any of the following:		Aboriginal		Torres Strait Islander		South Sea Islander
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:						
Do you have any other medical issues that Council should be made aware of? (for example Allergies, Medic Alert Bracelets etc)						
			Yes		No	

AREA AND TYPE OF VOLUNTEER ACTIVITIES OF INTEREST			
Council Department/Section:			
Council Venue or Location:			
Community Volunteer Programme:			
Preferred type of volunteer activities:			
Please indicate the days and time you are available: eg. 9.00 am - 11.00 am			
Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	
How often would you like to volunteer your services?			
Weekly	Fortnightly	Monthly	Other (please specify)
Why you are interested in volunteering with Livingstone Shire Council's Volunteer Programme?			
How did you hear about Livingstone Shire Council's Volunteer Programme?			
Referral from family/relative/friend	Referral from an LSC volunteer	Newspaper	
Livingstone Shire Council's website	Council customer service location	Facebook	
Other			
EMERGENCY CONTACT DETAILS			
First Contact Person's Name:		Relationship:	
Are they next of Kin?	Yes	No	E-mail:
Address:			
Mobile:	Home phone:	Work phone:	
Second Contact Person's Name:		Relationship:	
Are they next of Kin?	Yes	No	E-mail:
Address:			
Mobile:	Home phone:	Work phone:	

**QUALIFICATIONS / TICKETS / LICENCES OR CARDS**

<b>Qualification / Ticket / Licence or Card</b>	<b>Type</b>	<b>Number</b>	<b>Expiry Date</b>
Drivers Licence			
Blue Card – working with children and young people card			
White Card – General Construction			
Justice of the Peace			
Commisioner of Declarations			
First Aid or CPR Certificate			
Traffic Control			
Traffic Management			
Machinery Tickets			
Trade Qualification			
Tertiary Qualification			
Vocational Qualification			

**IN CONFIDENCE**

Do you have any adult criminal convictions? Yes No  
 If yes, please specify:

**APPLICANT'S SIGNATURE**

I verify that the information provided in this form is true and correct:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian consent if applicant is under 18 years of age

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LODGEMENT**

In person:	Post to:	Email:
25 Normanby Street, YEPPOON (Town Hall) 7 Hill Street, Emu Park (Library)	Livingstone Shire Council PO Box 2292 YEPPOON QLD 4703	<a href="mailto:enquiries@livingstone.qld.gov.au">enquiries@livingstone.qld.gov.au</a>