



Naracoorte Lucindale Council

Better by Nature

Volunteer Registration Form

If you require support to complete this form please contact the Naracoorte Lucindale Council on 8760 1100
The sections marked with an asterisk '*' are required fields.

* Personal Information

Mr Mrs Ms Miss Other _____ Surname: _____
Given Name/s: _____ Preferred Name: _____
Date of Birth: _____ Gender: Male Female
Residential Address: _____ Suburb: _____ P/Code: _____
Postal Address: _____ Suburb: _____ P/Code: _____
Home Phone: _____ Mobile: _____
E-mail: _____
What is your preferred language? English Other _____
Do you have a current drivers licence? Yes Licence Number: _____ Expiry: _____ No
Do you have any allergies or medical conditions that we need to be aware of?

What is your current employment status?

Employed Student
 Unemployed (and actively looking for employment) Retired
 Not Working

* Medical Information

The Naracoorte Lucindale Council is an equal opportunity employer. We recognise that some people have medical conditions and/or disabilities that may affect their ability to volunteer from time to time.

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 of condition and what considerations we would need to be aware of, please use a separate page if required:

If required, would you be prepared to undertake a medical examination? Yes No

* Emergency Contact

Name: _____
Relationship: _____ Home Phone: _____
Work Phone: _____ Mobile: _____

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

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

If Centrelink or School requirement, please advise dates / timeframe required _____

Please list your skills and interests

Do you have any work experience or formal qualifications? Yes No

If 'yes', please list and attach copy if applicable

*** When would you like to volunteer with us?**

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

Where would you like to volunteer?

- Visitor Information Centre
- Naracoorte Library
- Litter Collection
- Other: _____
- Parks & Gardens
- Administration Tasks

*** 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

Have you previously volunteered with the Naracoorte Lucindale Council? Yes No

Are you a member of a community or sporting group? Yes: _____ No

*** Consents**

- | | | |
|--|--------------------------|--------------------------|
| I agree to undertake a National Police Check (visit screening.sa.gov.au) | Yes | No |
| I agree to Council Policies, Procedures and Practices | <input type="checkbox"/> | <input type="checkbox"/> |
| I give permission for the Naracoorte Lucindale Council to use my name and/or image in any Council Publication, website or other material | <input type="checkbox"/> | <input type="checkbox"/> |

I understand that I have the same rights and responsibilities as a paid worker under the SA Work Health and Safety Act 2012 and accordingly I have obligations under Council's Work Health and Safety Injury Management Policy and Council's Volunteer Management Policy. I understand that as a volunteer I do not have rights pursuant to the Return to Work Act 2014.

*** I declare that all information I have provided is true and accurate.**

Signature: _____ **Date:** _____

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

*** If under 18 years of age, we also require parental/guardian permission for you to participate in volunteering:**

Name: _____ Signature: _____

Relationship: _____ Contact Number: _____

Please forward this completed form to the Naracoorte Lucindale Council Office

POST: PO BOX 555
NARACOORTE SA 5271
EMAIL: council@nlc.sa.gov.au
DELIVER: Naracoorte Lucindale Council
DeGaris Place, NARACOORTE

If you have any questions please contact the Council Office by phone on (08) 8760 1100 or by email council@nlc.sa.gov.au

Thank you for considering volunteering with the Naracoorte Lucindale Council.

All volunteer information and documentation will be stored electronically by the Naracoorte Lucindale Council and will be accessible by Authorised Council staff.

Office Use Only

Discussed with relevant Supervisor/Manager- <i>sign and date:</i>	Supervisor name and signature:
Volunteer Placement Approved/Rejected:	Volunteer Site:
Volunteer Start Date:	Volunteer Pamphlet Provided: YES/NO
Induction Date:	Added to volunteer register- <i>sign and date:</i>

Comments: _____



The Best place in regional South Australia to live, work, do business, raise a family and retire.

Created by having a Prosperous Community with Healthy Landscapes, Liveable Neighbourhoods and a focus on Harmony and Culture.