

KU-RING-GAI COUNCIL



APPLICATION TO WORK AS A VOLUNTEER

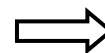
The information required in this form is necessary for council's insurance and reporting purposes. Additionally, statistics about our volunteers are used in the evaluation of volunteer programs and as input to grant applications. Please see information on privacy and protection of personal information on reverse side.

In which volunteer program will you be working? (Please tick)

- BUSHCARE STREETCARE OTHER
PARKCARE COMMUNITY GARDEN

Name	
Address	
Country of birth	Date of birth
Home phone	Mobile phone
Email	
Any skills, experience or qualifications relevant to the program you are volunteering for?	

PLEASE READ & SIGN THE DECLARATION OVER THE PAGE



Administration use only

Date entered	Volunteer no.	Site no.	Email list
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APPLICANT DECLARATION

1. I agree to work under the guidance and supervision of the council employee responsible for the area of work for which I have applied
2. I agree to work in a constructive and cooperative way with council staff and comply with any safety procedures requested
3. I understand that as a volunteer I am expected to maintain the same standards of confidentiality, courtesy and organisational discipline as council's paid employees
4. I agree to contact the council employee designated if I intend to vary the nature of the work specified in this application or if I experience any problems with the work I am undertaking
5. I understand that council may terminate my volunteering services if I do not comply with any aspect of this agreement
6. I am willing to undertake any training deemed necessary by council in relation to my volunteering services to ensure that I comply with all policies and legislative obligations of council
7. I agree to use appropriate protective equipment and not to use power tools except after consultation and agreement reached with council staff
8. I agree to inform council of any injuries sustained whilst undertaking volunteering activities
9. I understand that I am volunteering my services to council and will not receive remuneration for my services and that I will inform council when I no longer wish to be considered for further volunteering activities.

Signed _____

Date _____

Note: If an applicant is under 18, a parent or guardian must co-sign this application and the volunteer must be supervised at all times by a responsible adult.

Please return completed form to

Bushcare
Reply Paid 75620
Ku-ring-gai Council
Locked Bag 1006, GORDON 2072

Privacy Information

In completing this form you will be prompted to supply information that is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, Ku-ring-gai Council may be unable to process your application. Council is required under the Act to inform you about how your personal information is being collected and used. If you require this or any further information please contact Council's Privacy Officer.

Purpose of Collection: To record contact details and to program status
Intended Recipients: Council's staff and Council's insurers
Supply: Voluntary - however Council is unable to process your application without the details requested
Storage: Council's Administration Building
The information may be corrected or updated by contacting Council.