

VOLUNTEER APPLICATION FORM

This form is to be completed in full by all individuals who wish to be considered as a volunteer with Scenic Rim Regional Council. Completion of this form does not imply in any way that a placement will be offered to the applicant. The omission or relevant information or provision of false information may lead to this application not being considered further, or an applicant's removal from the volunteer register where a placement may have already commenced.

First and Fa (in full)	mily Name:						
	Postal Address espondence)	s:					
Date of Birth (mandatory	n: if under 18 ye	ars:					
Landline / M	lobile Phone:						
Email:							
EMERGENC First and Fa		details <i>(this n</i>	nay be used in t		ess or injury) 	
Landline Ph	one:			Mob	ile Phone:		
Email:							
QUALIFICAT	TIONS, SKILL	S or EXPERI	ENCE relevan	t to role as a	volunteer		
Formal qualifications/skills or training completed		3					
Knowledge/ experience that you would bring to the role of volunteer							
Other:							
	ABILITY as a		for Occasiona	ıl availability.			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evenina			1]

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VOLUNTEER ACTIVITIES/ROLES that you are particularly interested in

Please Tick the areas you are interested in as a volunteer (refer to role descriptions available on the	ne website).
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o Libraries	○ Festivals and Events
o Cultural Centres	o Community Disaster Volunteer
o Other	
SUITABILITY of different roles/activities/work	
Do you have any physical limitations or condition/s that ability to undertake or complete certain activities?	t may limit your Yes or No
If YES, please provide details of any restrictions or limi have	
Is there any specific type of task/duty or work that you willing/able to undertake at any time?	are not Yes or No
If YES, please provide details and descriptions	
Once accepted into a volunteer position you will be requied Confidentiality Agreement) and, depending on the role, you certify that the information I have provide is true, correct have my photo taken for Council's internal publications.	
(Name)	(Signature) — / / (Date)
If under 18 years of age, plea	se have parent/guardian sign
(Name of parent/guardian)	(Signature) — / / (Date)

Please return your completed application via email to: mail@scenicrim.qld.gov.au
OR post your application to Scenic Rim Regional Council, PO Box 25, Beaudesert QLD 4285

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