



Volunteer Application Form

Applicant Details

Name: _____

Postal Address: _____

Daytime Contact Number: _____

Mobile Number: _____ Date of Birth: _____

Email Address: _____

Have you previously volunteered with Kempsey Shire Council? Yes No

Are you subject to the Centrelink Mutual Obligation requirement? Yes No

Do you hold a current drivers licence? Yes No

If yes, please provide details Licence No.: _____ Expiry Date: _____

Do you hold a current White Card? (General Construction Induction Card) Yes No

If yes, please provide details Card No.: _____

Emergency Contact Details

As this form also collects the personal information of an individual you have nominated as your emergency contact, under Kempsey Shire Council privacy obligations, you are required to obtain the consent of the nominated individuals for the collection of their personal information in this form.

Name: _____

Relationship: _____

Daytime Contact Number: _____ Mobile: _____

Availability

Please indicate when you are available for volunteer work (select more than one if applicable)

Weekdays Weekends Public Holidays Night Time One off Event Program

Work Areas

Please select your preferred area/s of work:

Art Gallery Community Halls Libraries Events
 The Hub Respite Care Graffiti Blasters WIGAY
 Macleay Community Care Options Kempsey Family Community Centre

Other: _____

Health

Please provide details of any disabilities, medical conditions or allergies that we should be aware of that may affect the type of work you do as a volunteer:

Skills & Abilities

Please list any particular skills, abilities and interests you may have – you never know what might be useful:

Referees

Please supply two personal referees:

Name: _____	Name: _____
Address: _____	Address: _____
Daytime Phone: _____	Daytime Phone: _____
Relationship: _____	Relationship: _____

Volunteer Declaration

I agree to abide by the policies and procedures of Kempsey Shire Council and to work within the boundaries of the role and to respect confidentiality.

Signature of Applicant: _____	Date: _____
Signature of Witness: _____	Date: _____

Parent/Guardian Permission *(to be completed if volunteer is under 18 years of age)*

Parent/Guardian Name: _____	Phone: _____
Signature: _____	Date: _____

Please return your completed **Volunteer Application Form** to the address below:

Enquiries:	volunteer Administration Officer	(02) 6566 3200
Email:	ksc@kempsey.nsw.gov.au	
Deliver To:	Customer Service Centre Kempsey Shire Council 22 Tozer Street WEST KEMPSEY	OR Post To: Volunteer Administration Officer Kempsey Shire Council PO Box 3078 WEST KEMPSEY NSW 2440

PRIVACY STATEMENT: Council collects and holds personal information for a number of reasons related to Council business e.g. to process applications, to issue rate notices, to process correspondence. When you provide personal information to Council it is used in accordance with privacy laws applicable to Council. Your personal information will only be used for purposes related to the business of Council.