



Lasted Update: 16.05.2017

Devonport City Council Volunteer Registration Form

Applicants Title (Mr, Ms, Sir, Mrs)				
Applicant's Name				
Contact Details	Phone Home		Mobile	
	Email			
Address				
Date of Birth				

About You:

Why are you interested in volunteering with Devonport Council?	
What type of volunteering interests you?	

Skills and Interests:

What hobbies or other interests do you have?	
Please list any skills that you possess that may support this application	
Do you have any formal education or trade certificates?	
Do you have any previous work/ volunteer experience paid or unpaid? Please detail	



Do you have your own transport?		
Do you have Comprehensive Motor Vehicle Insurance Cover? (If applicable)		
Do you have a current Driver's Licence?	Driver's licence number	Expiry Date
Do you have a current Working with Vulnerable People Registration card?	Card number	Expiry Date
Have you had a National Police check within the last 12 months?	Date received	

Restrictions:

Do you have any pre existing medical restrictions or special needs that may affect the type of work you do as a volunteer?	
If you need any particular supports in order to perform a volunteer role, please specify	

Emergency Contact:

Person to contact in an emergency	Name	Phone Home
	Relationship	Work
		Mobile

Referees:

Referees Please provide two people who are knowledgeable about your past work/ volunteer experience	Name	Name
	How do you know this referee	How do you know this referee
	Phone	Phone

Additional Information

Is there anything else you would like to tell us about your application? Please list details here	
---	--

Tick (✓) Location/s of Interest

Bass Strait Maritime Centre	Community Events, Activities and Programs	Devonport Jazz Festival	Devonport Regional Gallery	Devonport Emergency Volunteer	Home Hill	Julie Burgess	Visitor Information Centre
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Availability: Please indicate the days and times when you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM							
AM/PM							

As a volunteer the following conditions apply

Volunteers over 15 years of age on the date of application.

No payment will be made to you by Council.

Must be willing to provide (less than one year old) or obtain a current National Police Check.

Some positions will require a Working with Children Registration. Council will reimburse the cost upon providing a copy of your completed registration and receipt.

Some volunteering roles require health assessments to ensure the volunteer is fit to perform the inherent requirements of the role.

Only while you are assisting Council in your volunteer role, and while your assistance is approved and/or known by Council, you may be covered for Public Liability Insurance.

While acting as a volunteer, a limited personal accident insurance cover is provided by Council subject to the terms and conditions of the policy.

Should any incident or near miss (resulting in injury or damage to property or any other parties) occur to you while you are acting as a volunteer of Council, you must notify your Supervisor immediately, or as soon as practicable.

Council's Motor Vehicle Insurance Policy will not cover costs incurred by volunteers driving private vehicles or uninsured vehicles, comprehensive car insurance is recommended.

Completion of this form is an expression of interest only and does not infer in any way the offer of a placement with Council.

Council's Personal Accident Insurance Policy covers up to 90 years of age, therefore any Voluntary work that they may undertaken by Volunteers over 90 years of age would not be covered by this Insurance. We do not want to discourage Volunteering due to this, and we encourage them to actively continue Volunteering and appreciate their contribution and commitment.

I confirm that I have read and understand the above mentioned conditions

Signature: _____

Date: _____

**Please return completed form to:
Community Development & Volunteer Coordinator,
Devonport City Council, 17 Fenton Way, Devonport.
council@devonport.tas.gov.au**