



# DISTRICT COUNCIL OF LOXTON WAIKERIE VOLUNTEER APPLICATION FORM

## PERSONAL DETAILS

Family name:		
First name(s):		
Preferred name if different to above:		
Home address:		
		Postcode:
Postal address: (if different from above)		
		Postcode:
Telephone(s)	Home:	Mobile:
Email address:		
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Language(s) spoken other than English:		

## EMERGENCY CONTACT (2 required)

Full name:		Relationship to applicant:	
Home telephone:		Mobile:	
Home address:			
		Postcode:	
Full name:		Relationship to applicant:	
Home telephone:		Mobile:	
Home address:			
		Postcode:	

## REFEREE DETAILS

Referee name:			
Address:			
Home or work telephone:		Mobile:	
Capacity in which you know this person:			

## QUALIFICATIONS/SKILLS

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
If yes, please describe your position/role				



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Formal courses completed, i.e. trade certificate, diploma, degree, etc.

Are you currently in a volunteering role?     Yes     No    If "Yes", please describe

Are you looking for a volunteer role to meet Centrelink, work rehabilitation, study or any imposed requirements?     Yes     No

If yes please describe \_\_\_\_\_

Do you hold a current First Aid Certificate?     Yes     No

If yes state the date of your most recent qualification    First Aid Level

**Special interests, skills or hobbies:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Administration <input type="checkbox"/></li> <li>Archives <input type="checkbox"/></li> <li>Building/Carpentry <input type="checkbox"/></li> <li>Computer skills <input type="checkbox"/></li> <li>Cooking <input type="checkbox"/></li> <li>Children's/Youth groups <input type="checkbox"/></li> <li>Customer service/sales <input type="checkbox"/></li> <li>Data entry <input type="checkbox"/></li> <li>Databases/spreadsheets <input type="checkbox"/></li> <li>Displays <input type="checkbox"/></li> <li>Dusting/cleaning <input type="checkbox"/></li> <li>Event/Project Management <input type="checkbox"/></li> <li>Food preparation <input type="checkbox"/></li> <li>Fundraising <input type="checkbox"/></li> <li>Gardening <input type="checkbox"/></li> <li>Other .....</li> </ul> | <ul style="list-style-type: none"> <li>Illustration/graphic design <input type="checkbox"/></li> <li>Maintenance/handyman <input type="checkbox"/></li> <li>Museum Guide/Tour Guide <input type="checkbox"/></li> <li>Musical Instrument <input type="checkbox"/></li> <li>Newsletter <input type="checkbox"/></li> <li>Photography <input type="checkbox"/></li> <li>Professional Services <input type="checkbox"/></li> <li>Public speaking <input type="checkbox"/></li> <li>Qualified electrician <input type="checkbox"/></li> <li>Research <input type="checkbox"/></li> <li>Sound engineering <input type="checkbox"/></li> <li>Technician/Trade <input type="checkbox"/></li> <li>Teaching/education/tutoring <input type="checkbox"/></li> <li>Website design <input type="checkbox"/></li> <li>Video/Television <input type="checkbox"/></li> </ul> |
|---|---|

**Reasons for seeking to volunteer with Council:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Community involvement <input type="checkbox"/></li> <li>Gain working experience <input type="checkbox"/></li> <li>UNI/TAFE placement program <input type="checkbox"/></li> <li>Student or School Community <input type="checkbox"/></li> <li>Acquire or maintain skills <input type="checkbox"/></li> <li>Change direction <input type="checkbox"/></li> <li>Improve confidence <input type="checkbox"/></li> <li>Other .....</li> </ul> | <ul style="list-style-type: none"> <li>Meet new people <input type="checkbox"/></li> <li>Personal satisfaction <input type="checkbox"/></li> <li>Practice speaking English <input type="checkbox"/></li> <li>Service Rehabilitation <input type="checkbox"/></li> <li>Help others <input type="checkbox"/></li> <li>Give back to the community <input type="checkbox"/></li> <li>Centrelink requirement <input type="checkbox"/></li> </ul> |
|---|---|

**Preferred type of volunteer work:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Loxton Catch Centre <input type="checkbox"/></li> <li>Loxton Public Library <input type="checkbox"/></li> <li>Loxton Tree Carers <input type="checkbox"/></li> <li>The Pines House &amp; Garden <input type="checkbox"/></li> <li>Waikerie Public Library <input type="checkbox"/></li> </ul> | <ul style="list-style-type: none"> <li>Loxton Christmas Lights <input type="checkbox"/></li> <li>Loxton Rose Carers <input type="checkbox"/></li> <li>Loxton Visitor Information Centre <input type="checkbox"/></li> <li>The Village <input type="checkbox"/></li> <li>Waikerie Works Depot <input type="checkbox"/></li> </ul> |
|--|--|

<b><u>Preferred day(s):</u></b>	<b><u>Preferred time/s</u></b>	<b><u>Preferred time/s</u></b>	
Any day <input type="checkbox"/>	.....	Thursday <input type="checkbox"/>	.....
Monday <input type="checkbox"/>	.....	Friday <input type="checkbox"/>	.....
Tuesday <input type="checkbox"/>	.....	Saturday <input type="checkbox"/>	.....
Wednesday <input type="checkbox"/>	.....	Sunday <input type="checkbox"/>	.....



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**How did you find out about the District Council of Loxton Waikerie Volunteer Program?**

Council website  
Centrelink  
Friend or family member

Job network provide/health professional  
Newspapers  
Word of mouth

### HEALTH DECLARATION

We have a duty of care to ensure that your health is not impaired as a result of any assigned volunteer role. Whilst completion of this section is not compulsory, it is to your benefit to equip us with relevant information to ensure your role and duties are appropriate to you and allow us to provide any necessary support.

Do you suffer any medical condition that effects your vision, hearing and balance touch that is likely to affect your fitness to carry our your volunteer tasks, then we require your GP to state in a letter to us that you are able to carry out your tasks. If yes please describe  Yes  No

Have you ever suffered from a back condition or spinal disorder?  Yes  No

Have you ever suffered from a heart or lung condition?  Yes  No

Do you have a diabetic condition or a serious allergic reaction to anything?  Yes  No

Do you have any other serious health issues which you consider we should be aware of?  Yes  No

Do you take any prescribed medication in relation to a specified medical condition?  Yes  No

If you have answered "Yes" to any of the above, please describe the condition and any assistance we can provide to support you in your volunteering role

As a result, are there any limitations to the activities in which you can be involved?

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

### DRIVING INFORMATION (if applying for a driving role)

Own transport:  Yes  No

Drivers licence:  Yes  No

Class of licence:

Expiry Date:

Have you had any accidents or been convicted of any offences relating to the use of a motor vehicle in the last five years (excluding minor infringements)?  Yes  No

If yes please describe



## DISTRICT COUNCIL OF LOXTON WAIKERIE VOLUNTEER APPLICATION FORM

### APPLICANT UNDER 18 YEARS OF AGE

I (please print full name) \_\_\_\_\_

am the parent/guardian/other (please specify) of the applicant and approve this application

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

### APPLICANTS DECLARATION

I declare that the information I have given is accurate and correct and I agree to notify the District Council of Loxton Waikerie of any changes to my circumstances that may affect my volunteering role

I consent to a referee check?

Yes  No

I consent to a National Police Check?

Yes  No

\_\_\_\_\_

Signature of Applicant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

**Please forward this completed form to:**

Community Development Officer  
District Council Loxton Waikerie  
PO Box 421  
LOXTON SA 5333

Email: [sschultz@loxtonwaikerie.sa.gov.au](mailto:sschultz@loxtonwaikerie.sa.gov.au)

Phone 85848000