



Application for Volunteer Work

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

PLEASE PRINT DETAILS CLEARLY

Name:			
Date of Birth:			
Address:			
Phone Number:			
Email:			
Name and phone number of person to be notified in an emergency:			
What days/times are you available:			
Area of Council you would like to volunteering in:			
Do you have any special skills or interests e.g. computer skills, languages spoken?			
Do you have any existing medical condition, injury or disability that could affect your work:			Yes/No
If so, please give details			
Name of referee and phone no.:			
I have read Council's policy on volunteers and agree to comply with it. If you do not understand the attached Volunteers' Policy, please speak to your Supervisor.			
Signature of applicant: (or signature of parent for under 18)			Date:
Council use only			
Applicant accepted:	/	/	
Supervisor's name		Signature:	
Date started:	/	/	Date finished: / /
Work area:		Supervisor:	
Induction completed:	/	/	Signature:
Duties:			