



# GLEN INNES SEVERN COUNCIL

## APPLICATION TO PERFORM VOLUNTARY WORK FOR COUNCIL

### Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. By completing this form you are giving Council permission to collect and retain your personal details. If you do not wish to provide the information, Council may not be able to consider your application. For more information about volunteering, call Council on 67302300, or visit the website at <http://www.gisc.nsw.gov.au/>

### PLEASE PRINT DETAILS CLEARLY

Name:			
Date of Birth:		Male	Female
Address:			
Day Time Telephone:			
Name and contact details of person to be notified in an emergency:			
What days/times are you available:			
Area of Council where you will be volunteering:			
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 and phone number of referee:			
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:		Date	
<b>Council Use Only</b>			
Applicant accepted	YES/NO	Date:	
Supervisor's Name		Signature	
Date Started		Date Finished	
Work Area		Supervisor	
Induction Completed Date		Signature of Trainer	
Duties			

Reference Number: CS_0003	Version Number: 2.0 Date of Effect: 25/7/19	Review Date: July 2022	Responsible Officer: MCS
Related Documents: Volunteer Policy, Volunteer Confidentiality Agreement, Volunteer Handbook (other documents noted within) and various Volunteer Role Descriptions.			