

McKinlay Shire Council

Volunteer Request Application Form



Telephone: (07) 4746 7166

Address: 29 Burke Street, Julia Creek, QLD 4823

Postal Address: PO Box 177, Julia Creek, QLD 4823

1. Applicant Details

Contact name:

Date of birth:

Preferred mobile number:

Alternative contact number:

Email:

2. Residential Address

Street number and name:

Suburb:

State:

Postcode:

Postal address (if different):

3. Employment Details

Have you previously volunteered with McKinlay Shire Council? Yes No

Please select your employment status (select more than one if applicable):

Full time Part time Studying Unemployed Retired Currently volunteering

4. Volunteer Work

Term of volunteering: 1 – 6 months Over 6 months One off event

Availability: Weekdays Weekends Public Holiday

Preferred Hours

Day	Start time	Finish time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Venue (please complete this section if applying to volunteer at a Council venue)

- Visitor Information Centre
 Library
 Caravan Park
 Julia Creek RV Site
 Home and Community Care
 Other (please specify):

Event *(please complete this section if applying to volunteer at a Council event)*

Event name:

Preferred volunteer work

5. Experience *(please list the relevant licenses/skills/experience held by the applicant in relation to the proposed volunteer work to be undertaken)*

Trade or qualifications:

Language/s other than English spoken:

Licence/Certificate	Type/number	Expiry date
<input type="checkbox"/> Driver licence – car		
<input type="checkbox"/> Drivers licence – bus		
<input type="checkbox"/> Drivers licence – truck		
<input type="checkbox"/> Positive notice blue card for child related employment		
<input type="checkbox"/> White card (construction)		
<input type="checkbox"/> Responsible service for alcohol (RSA)		
<input type="checkbox"/> First aid certificate		
<input type="checkbox"/> CPR certificate		
<input type="checkbox"/> Other licenses		

6. Emergency Contact Details

As this form also collects the personal information of an individual you have nominated as your emergency contact, under McKinlay Shire Council's 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:

Residential Address:

State:

Postcode:

Preferred contact number:

Alternative contact number:

7. Health and Fitness			
Medical Details <i>(some positions require your supervisor to have evidence of your physical capacity to undertake certain jobs e.g. driving vehicles, lifting items)</i>			
Do you have any conditions which may impact your role as a volunteer that Council should be made aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details:			
8. Referee Details			
Please provide the details of two work related referees below:			
Name:			
Businesses Name:			
Contact Detail:			
Relationship to you (e.g., Supervisor, Manager)			
Name:			
Businesses Name:			
Contact Detail:			
Relationship to you (e.g., Supervisor, Manager)			
9. Signature			
Signature:			
Date:			
OFFICE USE ONLY	Data Received:	Department:	Interview Date
	Induction Date:	Start Date:	Notes:

Privacy statement

McKinlay Shire Council is collecting your personal information for the purpose of maintaining volunteer rosters and teams. The collection of this information is authorised under the Local Government Act 2009. Your information will not be given to any other person or agency unless you have given us permission or