

VOLUNTEER APPLICATION FORM



GLEN EIRA
CITY COUNCIL

All information you provide will be treated as confidential.

Volunteer role applied for: _____

Your details

Name: _____

Preferred name: _____

Address: _____

Mobile: _____ Phone: _____

Email: _____

Preferred contact: Mobile Home phone Email

Please highlight the skills, knowledge and or experience you bring to this role.

Please outline any qualifications or relevant training you have undertaken.

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Do you have any support or access requirements to enable you to participate in the interview process for this role? If so, please detail:

Do you have a Working with Children Check? Yes No

*For some roles you may be requested to obtain a Working with Children Check. It is free for volunteers.

For roles requiring use of a vehicle:

Do you have a current driver's licence? Yes No

Type of licence? Motor vehicle Heavy vehicle

Do you have use of a vehicle? Yes No

Do you have comprehensive motor vehicle insurance cover? Yes No

Referees

Referees will be required as part of the selection process, please provide the names of two referees.

Name: _____ Mobile/phone: _____

Name: _____ Mobile/phone: _____

I declare that the above information is true and correct, and if found to be untrue it may impact on my application to volunteer with Glen Eira City Council.

Signed _____ Date _____

Office use only:

Date received: _____ Date interview scheduled: _____