|  |  |
| --- | --- |
| SBRC-square logoBW.png | Volunteer Application Form |
| SBRC-A4-lineBW.png | |

**PERSONAL INFORMATION**

Name:

Postal Address:

Daytime contact number:

Do you give permission to the Centre to pass on your contact number to other volunteers for rostering purposes Yes No

Mobile number: Date of birth:

Email address:

Are you subject to the Centrelink Mutual Obligation requirement? Yes No

Do you hold a current Blue Card? Yes No

If yes, please provide details – Card number: Expiry date:

**MEDICAL AND EMERGENCY DETAILS**

*South Burnett Regional Council needs to be informed of any medical conditions you may have that may or may not impact on your ability to volunteer.*

Medical conditions:

Allergies:

Emergency contact name:

Emergency Contact Number: Any medication that you’re taking we should know of:

**Availability**

Days:

Times:

***Weekends: Volunteers will be rostered on one weekend a month***

**WORK AREAS**

Please select your preferred area/s of work:

Tourism/Visitor Information Centres

Art Galleries

Libraries

Museums

|  |  |
| --- | --- |
| SBRC-square logoBW.png | Volunteer Application Form |
| SBRC-A4-lineBW.png | |

**WORK HISTORY**

Please list any skills and abilities you have in any of the areas below. Include information even if you think it may not be relevant - you never know what might be useful.

Formal qualifications:

Business/administration:

Computer skills:

First aid:

Cash handling:

Research:

The Arts:

Tourism:

Museums:

Libraries:

**SUPPORTING INFORMATION**

What made you decide to volunteer?

**UNIFORM**

South Burnett Regional Council supply volunteers with uniforms. Please indicate your size preference below:

Shirt Sizes: Men - S M L XL XXL XXXL

Women - 8 10 12 14 16 18 20 22 24 26

I acknowledge that I understand this application is for a position to undertake voluntary work at any of the ***SOUTH BURNETT REGIONAL COUNCIL’S Visitor Information Centres, Libraries, Museums and Art Galleries*** of my own free will and choice.

I understand that there is no financial payment (other than reimbursement of previously agreed out of pocket expenses) and that the above information supplied is correct.

Signature: Date: