

1. Instructions

Please submit completed form in person to any Council location or email to volunteering@sunshinecoast.qld.gov.au.

2. Applicant Details

Title (Mr, Mrs, Dr, etc)		Surname					
Given name				Preferred name			
Postal address				State		Postcode	
Email Address							
Contact Phone				Mobile			

3. Volunteer Interests

What type of volunteer work are you interested in? (Please tick)

<input type="checkbox"/> Cultural	<input type="checkbox"/> Butter Factory Arts Centre (Cooroy)	<input type="checkbox"/> Caloundra Regional Art Gallery	<input type="checkbox"/> Noosa Regional Art Gallery
<input type="checkbox"/> Environment	<input type="checkbox"/> Conservation	<input type="checkbox"/> Corporate Volunteering	<input type="checkbox"/> Maroochy Bushland Botanic Gardens
	<input type="checkbox"/> Maroochy Wetlands Sanctuary	<input type="checkbox"/> Mary Cairncross Reserve	<input type="checkbox"/> TurtleCare
<input type="checkbox"/> Heritage	<input type="checkbox"/> Bankfoot House (Glasshouse Mountains)	<input type="checkbox"/> Pattermore House (Maleny)	
<input type="checkbox"/> Library	<input type="checkbox"/> Adult Literacy	<input type="checkbox"/> Golden Gurus	<input type="checkbox"/> Friends of the Library
	<input type="checkbox"/> Genealogy	<input type="checkbox"/> Home Library Services	<input type="checkbox"/> Other i.e. JP and ATO Services
	Preferred Location:		
<input type="checkbox"/> Noosa Respite Centre	<input type="checkbox"/> Bus Assistant	<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Care Assistant
	<input type="checkbox"/> Shopping Assistant	<input type="checkbox"/> Transport Driver	<input type="checkbox"/> Other
<input type="checkbox"/> Venues and Events	<input type="checkbox"/> Australia Day Event	<input type="checkbox"/> Caloundra Music Festival	<input type="checkbox"/> Carols Cotton Tree
	<input type="checkbox"/> Carols Kings Beach	<input type="checkbox"/> Mooloolaba NYE	<input type="checkbox"/> Nambour Civic Centre

4. Availability

What day and/or times are you available for volunteer work? (Please indicate)

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
AM							
PM							

5. Transport

Own Transport Public Transport Other

Privacy

Council will use any personal information provided for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other Local Government Acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with council's privacy policy.

6. Licence Details (if applicable)

Licence No.		Renewal Date	
Class of Licence			

7. Additional Information

Do you hold a current blue card (working with children)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold a current senior first aid certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to undertake a criminal history check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Experience / Qualifications

Outline your general work history.

What skills, experience or qualifications do you wish to contribute to volunteering?

Have you previously undertaken volunteer work? Please provide details.

9. Note to Applicant

Thank you for taking the time to complete the application and your willingness to volunteer with Sunshine Coast Council. Your application will be assessed and a decision made based on available volunteer opportunities within your area of interest.

Your application will remain valid for six (6) months. Should an opportunity be available you will be contacted by telephone by the Volunteer Program Coordinator.

10. Declaration of Applicant

I, the applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with the Sunshine Coast Regional Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise the Sunshine Coast Regional Council in writing prior to any such change being implemented.

Applicant Signature (Name and Signature)		Date	
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11. Parent/Guardian Approval (if volunteer is under the age of 18 at time of engagement)

I, the parent/guardian of the applicant declare that the above information is correct in all respects at the time of lodgement and I give my permission for the applicant to be engaged in council's volunteer program/s. Should any of the details given in relation to this application be changed in the future, the applicant or I shall advise the Sunshine Coast Regional Council in writing prior to any such change being implemented.

Parent/Guardian Signature (Name and Signature)		Date	
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OFFICE USE ONLY

Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer Program	Date	Initial
Advised	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Initial