

Volunteer Expression of Interest

Please complete the form and sign to acknowledge contents (✓ tick applicable)

FIRST NAME	_____	SURNAME	_____
ADDRESS	_____	TOWN	_____
PHONE/MOBILE	_____	EMAIL	_____
DATE OF BIRTH	_____	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female

Select the role that you are applying (✓ tick all applicable)

- | | |
|---|---|
| <input type="checkbox"/> Discovery Centre | visitor ambassadors, museum collection maintenance
lost trades and bespoke crafts, PS Adelaide support, |
| <input type="checkbox"/> Community Transport | driving eligible clients to out of town medical and other appointments (Council vehicle) |
| <input type="checkbox"/> Library Outreach | Books on Wheels, Words on Wheels, Talking Newspaper, Next Chapter Book Club, |
| <input type="checkbox"/> Library Support | collection maintenance, program preparation, Tech/Computer support, literacy support |
| <input type="checkbox"/> Library Depot Support | book distribution (checking in and out) and various administration tasks at Library Depots |
| <input type="checkbox"/> Animal Shelter Support | animal enrichment (grooming, walking, exercising, socialising, toy making) |
| <input type="checkbox"/> Animal Foster Carer * | provide animal care and animal respite in your own home
*Do you own your home or rent? <input type="checkbox"/> Yes <input type="checkbox"/> No (✓ tick)
(renters require landlord approval to be considered for the animal foster care role) |

Briefly describe your qualifications, experience and skills in relation to the volunteer role that you are interested in:

Provide your brief responses to the Key Selection Criteria from the Volunteer Role Description for this role:

A bit more about you (✓ tick all applicable)

Your current status	<input type="checkbox"/> Student	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Home Duties	<input type="checkbox"/> Retired
What days are you available? (Discovery Centre only – additional days/times)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
			<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Evenings
What times are you available?			<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All day
Frequency of commitment	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other	
Do you speak a language other than English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify		
Do you have a current drivers licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry		
Do you have your own means of transport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If Yes, is your vehicle registered and insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration		
Do you have a current Working With Children Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry		
Have you had your COVID vaccinations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date		

The personal information provided will be used solely for volunteer engagement purposes and the personal information will be kept secure and will not be retained, copied or disseminated for unrelated purposes.

The information gathered in this form will be used by Council to process my application in accordance with the Privacy and Data Protection Act 2014
View Council's Privacy and Data Protection Policy at www.campaspe.vic.gov.au or visit a Council Service Centre.

NOTE: Completed form to be provided to the Training and Volunteer Coordinator (HR Department)