



DISTRICT COUNCIL OF LOXTON WAIKERIE

Principal Office: 29 East Terrace, Loxton
Telephone (08) 8584 8000
Branch Office: Strangman Road, Waikerie
Telephone (08) 8541 0700

VOLUNTEER PERSONAL UPDATE FORM

Personal Details:

First Name:		Last Name:	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Rev <input type="checkbox"/> Sir			
Date of birth:		Approx Volunteer Start Date:	
Preferred name:			
Address:			
Town/Suburb:		Postcode:	
Postal Address (if different from above):			
Phone number:		Mobile:	
Email address:			
Aboriginal or Torres Strait Islander		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Language(s) spoken other than English:	

Emergency Contact:

(1) Full name:	
Relationship to applicant:	
Home telephone:	Mobile:
(2) Full name:	
Relationship to applicant:	
Home telephone:	Mobile:

Employment/Qualifications/Skills:

What is your current employment status?

- | | | |
|-------------------------------------|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Student Employed | <input type="checkbox"/> Centrelink |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired | <input type="checkbox"/> Other |

If you answered 'Centrelink' please tick the relevant program below:

- | | | |
|---------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Mutual Obligation | <input type="checkbox"/> New Start | <input type="checkbox"/> Volunteer Work Initiative |
| <input type="checkbox"/> Disability Pension | <input type="checkbox"/> Other (Please Specify): | |

What volunteer program are you currently involved in?

- | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|
| Loxton Library | <input type="checkbox"/> | Loxton Rose Carers Group | <input type="checkbox"/> |
| The Pines House and Garden | <input type="checkbox"/> | Loxton Tree Carers Group | <input type="checkbox"/> |
| Visitor Information Centre | <input type="checkbox"/> | Waikerie Parks and Gardens | <input type="checkbox"/> |
| Loxton Christmas Lights | <input type="checkbox"/> | Waikerie Public Library | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |

Drivers Licence:

ONLY TO BE COMPLETED IF YOU VOLUNTEER IN THE LIBRARY HOME DELIVERY PROGRAM, CHRISTMAS LIGHTS GARDEN DISPLAY PROGRAM, LOXTON TREE CARERS, THE PINES (CAPRI MANAGEMENT) OR ANY OTHER PROGRAM WHICH REQUIRES YOU TO DRIVE A COUNCIL OWNED VEHICLE

Driver's Licence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's Licence Number:
Class of licence:	Drivers Licences Expiry date:

Photocopy of Drivers licence to be provided for personnel file

Medical Conditions/Task Limitations:		
Do you have any special requirements or health conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'yes' please provide details:		
Do you have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'yes' please provide details:		
Do you suffer any previous injury's, medical condition(s) and/ or disability that may affect your fitness to carry out your volunteer role E.g. effects to vision, hearing, balance and touch, strength etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'yes' please provide details:		

TERMS & CONDITIONS

1. No payment will be made to you by Council. If you incur costs these must have prior approval and will be reimbursed upon the production of appropriate receipts.
2. All tasks undertaken will only be at the direction of the Council, its agent or representative and you agree to follow directions given in relation to the safe performance of tasks and undertake to perform these tasks in a way that does not endanger your safety or the safety of others.
3. While undertaking tasks under the direction of the Council, its agent or representative you will be covered by Public Liability Insurance and by a limited Personal Accident Insurance, subject to the terms of the policy details are available upon request).
4. Should you suffer an injury while acting as a volunteer or you become aware of an injury to another party or of damage to property you must notify Council, its agent or representative immediately.
5. Under the Work, Health and Safety Act 2012 you must follow reasonable direction given by Council, its agent or representative in regard to safety practices and procedures. Under the Act you are also expected to take reasonable responsibility for your own health and safety as well as the health and safety of others.
6. If you are unsure of tasks to be performed or how these tasks are to be performed, you will seek clarification from the representative or agent of Council.
7. Whilst undertaking volunteer tasks for Council, you agree to be courteous and helpful towards other workers and respect the property and rights of Council, its officers and customers.
8. You accept that Council retains the right to use your services or to not use your services as a volunteer, as it sees fit.
9. A National Police Check is a requirement for your volunteer role.
10. You must attend Council's Volunteer Induction and acknowledge that you have read and understood all of Council policies prior to commencement of your placement.

ACKNOWLEDGEMENT by Volunteer Applicant

I have read and understood the above-mentioned terms and conditions concerning volunteering with the District Council of Loxton Waikerie and hereby acknowledge and agree to them in full. I declare that the information I have given is true and correct and I agree to notify the District Council of Loxton Waikerie of any changes to my circumstances that may affect my volunteering role.

(Name)	(Signature)	(Date)

We respect your privacy and this information will be kept strictly confidential.

Parent/Guardian – Where a Volunteer Applicant is Under 18 years of Age the application will only be accepted with the agreement of their Parent or Guardian.

I acknowledge and have understood the terms and conditions within this application relating to the roles and responsibilities of a Volunteer. I am the legal parent/guardian of the Applicant and agree to their participation in regard to the performance tasks as described and under the conditions stated.

(Name)	(Signature)	(Date)

Please return form to:
Community Development Officer
District Council of Loxton Waikerie

29 East Terrace (PO Box 409)
Loxton SA 5333
Email: council@lwdc.sa.gov.au