



# VOLUNTEER REGISTRATION FORM

*CONFIDENTIAL*

## PERSONAL DETAILS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## TRANSPORTATION

Drivers Licence No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Licence Conditions: \_\_\_\_\_



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## AREAS IN WHICH YOU WISH TO VOLUNTEER

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## AVAILABILITY

Please specify days/times you are available to volunteer at West Wimmera Shire Council

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## EXPERIENCE

Please provide details of relevant experience that would assist you in your volunteering role at West Wimmera Shire Council (attach a separate sheet if necessary)

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## REFEREES

Please provide contact details of two referees:

### Referee 1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Referee 2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### **I CERTIFY THAT THESE DETAILS ARE TRUE AND CORRECT:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### OFFICE USE ONLY

Volunteer Category: \_\_\_\_\_

Department: \_\_\_\_\_



## CONFIDENTIALITY STATEMENT

All information from any source and in any form (such as paper, talking, computers) is confidential. Each person accessing such information holds a position of trust and must recognise their responsibility in preserving the confidentiality of this information.

In carrying out my role, I may see or hear confidential information on:

- **Youth and/or family members**  
Such as, conversations and financial information.
- **Employees, Volunteers, Students, Contractors, Partners**  
Such as salaries, employment records, disciplinary actions.

In consideration of the WWSC engaging me in a voluntary capacity, I hereby undertake that at any time during my volunteering and after my employment/placement program with the WWSC that:

1. **I WILL STRICTLY** observe the confidentiality of ALL WWSC records and any information relating to Youth, staff volunteers and clients of WWSC.
2. **I WILL NOT** access, use, disclose, change or destroy any WWSC records, materials or information (whether oral, written, computer or electronically readable or otherwise) unless it is part of carrying out my role. If it is part of my role to do any of these tasks, I will follow the correct department/WWSC policy and procedure/s.
3. **I WILL** safeguard and not misuse or be careless with confidential information.
4. **I WILL NOT** use or disclose any confidential information obtained during my volunteering with WWSC.
5. **I KNOW** that my access to confidential information can be audited.
6. **I AM RESPONSIBLE** for my use or misuse of confidential information.
7. **I AM RESPONSIBLE** for my failure to protect my password or other access to confidential information.

I understand that any non-compliance with WWSC privacy policies or Youth/Client confidentiality will constitute a breach of the terms of my engagement and will result in disciplinary actions, which may lead to dismissal. By signing this, I agree that I have read, understood and will comply with this statement at all times.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Volunteer Comencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

POLICE CHECK	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
STATUTORY DECLARATION	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
WWCC	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
ID PHOTO	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

Information verified by

Officer title: \_\_\_\_\_ Officer Name: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORISATION

I certify that above mentioned is a Volunteer of the West Wimmera Shire Council.

Signature Department Head: \_\_\_\_\_ Date: \_\_\_\_\_