

FORM: VOLUNTEERS REGISTRATION

Port Macquarie-Hastings Council
PO Box 84
PORT MACQUARIE NSW 2444
p (02) 6581 8111
e council@pmhc.nsw.gov.au



February 2017

Please note that all details provided on this form are strictly confidential, are used only for the purposes of Volunteer Recruitment and are not shared with any other party.

APPLICANT DETAILS

Name		
Street Address		
Contact	Phone	Email
Date of Birth		

AVAILABILITY

<input type="checkbox"/> Sunday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Mornings only
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday	<input type="checkbox"/> Afternoons only

I'D LIKE TO VOLUNTEER FOR:

<input type="checkbox"/> Tastings on Hastings	<input type="checkbox"/> Cultural Companions	<input type="checkbox"/> Library
<input type="checkbox"/> Countdown to Christmas	<input type="checkbox"/> Graffiti Blasters	<input type="checkbox"/> Coastal Warriors
<input type="checkbox"/> Glasshouse Tourism Ambassadors	<input type="checkbox"/> Youth Advisory Council	<input type="checkbox"/> Mrs Yorks Garden
<input type="checkbox"/> Glasshouse Art Gallery Attendants	<input type="checkbox"/> Beach to Beach	<input type="checkbox"/> ArtWalk
<input type="checkbox"/> Burraydjarr Aboriginal Youth Group	<input type="checkbox"/> Schools to Schools	<input type="checkbox"/> Creek to Creek

Other: Please outline your specific idea below. We may be able to work with you to make it happen.



EMERGENCY CONTACT

The following information will be used to contact a friend or family member in an emergency while volunteering

Contact Name		
Contact	Phone	Email
Comments		

OUR POLICY

It is Council policy to provide equal opportunities for volunteers without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

It is a legal requirement for volunteering with Port Macquarie-Hastings Council that volunteers may need to undergo a National Police Check and/or Working with Children Check if required. By signing this application you agree to these terms.

CONFIRMATION

I agree and affirm that I will willingly work without remuneration, that I will follow all measures outlined in the Induction process to help maintain mine and other people's safety, that I am aware that all medical costs incurred as a result of my volunteering activities will be my own responsibility, that photos of my conducting my volunteering activities can be taken and used by Council, and that the facts set forth above are true and complete.

Signature	Date
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Co-Signature **	Date
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**If the applicant is under the age of 18, a parent or guardian must co-sign this application and the volunteer must be supervised at all times by a responsible adult.

THANK YOU FOR YOUR APPLICATION

Please return the completed form to any PMHC Council Office, or post to:

Volunteer Co-ordinator
Port Macquarie-Hastings Council
PO Box 84
Port Macquarie NSW 2444

or email to: council@pmhc.nsw.gov.au

If you would like to find out more, please call the Volunteer Coordinator on (02) 6581 8111