

The information you provide is confidential and will not be shared with any other organisation without your permission.

## **Details**

Title:            Ms                      Miss                      Mrs                      Mr

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

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

Phone – Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

## **Availability** (e.g. 8.30am – 5.00pm)

Monday – Please enter time available \_\_\_\_\_

Tuesday – Please enter time available \_\_\_\_\_

Wednesday – Please enter time available \_\_\_\_\_

Thursday – Please enter time available \_\_\_\_\_

Friday – Please enter time available \_\_\_\_\_

Weekends – Please enter time available \_\_\_\_\_

## **Please tick the areas you are interested in volunteering**

Community Events

Arts and Culture

Seniors

Early Years

Neighbours Unite

Community Transport

Community Safety

Rockingham Volunteer Centre

Working with Children Check (WWC) Yes/No Card Number: \_\_\_\_\_ Expiry \_\_\_\_\_

I have a current driver's license      Yes                      No

## **Experience**

Please describe your work and volunteering experience

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**Do you have any considerations that may affect the type of work you can do? Yes/No**

If yes please provide a brief outline

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**What is your current work status?**

Employed Full Time

Employed Part Time/Casual

Unemployed

Retired

**Anything else you would like to tell us about?**

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If successful, I agree to:

- |  |     |    |
|--|-----|----|
| • undertake a Volunteer National Police Check at the City's expense: | Yes | No |
| • complete the relevant documentation as provided by the City:       | Yes | No |

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

Thank you for expressing an interest to volunteer at the City of Rockingham. An Officer will contact you shortly to discuss your application.

Should you have any queries regarding this form contact the Community Development Officer (Volunteering).

**To submit this form:**

Email: [Customer@rockingham.wa.gov.au](mailto:Customer@rockingham.wa.gov.au)

Phone: 9528 0333

**Post to:**

City of Rockingham

PO Box 2142

Rockingham DC WA 6968