

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

Neighbourhood Watch

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

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

If yes please provide a brief outline

What is your current work status?

Employed Full Time

Employed Part Time/Casual

Unemployed

Retired

Anything else you would like to tell us about?

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

Phone: 9528 0333

Post to:

City of Rockingham

PO Box 2142

Rockingham DC WA 6968