



# Friends Group

## VOLUNTEER APPLICATION FORM

CONFIDENTIAL

The City of Kalamunda values its volunteers and thanks you for your interest in the Friends Group Program.

**Confidentiality:** Maintaining the confidentiality of your personal information is of utmost concern to us. This information will be held in confidence and will only be used for insurance purposes and to assist the City in placing you in a position that will best utilise your skills and experience.

The information collected will not be disclosed to anyone who is not involved in managing volunteers or outside of Human Resources.

For further inquiries about the program or assistance with filling out this form, please contact the City during business hours at 9257 9999. The City of Kalamunda thanks you for volunteering your time and contributing to our community.

Please complete and return to [environment@kalamunda.wa.gov.au](mailto:environment@kalamunda.wa.gov.au)

### 1. Contact Information

First name	Last name	Preferred Name
Current Address		
Postal Address		
Phone - Home	Work	Mobile
Email Address		
Best method and time to contact you		Date of Birth (DOB)

### 2. Next of Kin/Emergency Contact

Name

Nature of Relationship

Telephone No



## 2. Reserve Details

Member of the Friends of (Name of Reserve)

At (Reserve Address)

Reserve Code No

I will be acting as a Delegated Coordinator Yes No

## 3. Parental Consent

This section of the application form must be completed by all **applicants under the age of 18.**

Parent/Guardian's Name

Relationship to Applicant

Email

Mobile

Phone

I give permission for the applicant to work as a volunteer for the Shire of Kalamunda

Parent/Guardian's signature

Date

## 4. Medical Information

*Under the WA WHS Act 2020 Local Government has a duty of care to ensure the safety and health of any members of the public that have access to Local Government sites - this includes volunteers. Answers to the following questions will ensure that you are engaged for voluntary work that is appropriate to your fitness for work and ensure the safety and health of those in our volunteer's care.*

Do you have any existing medical disability, condition, allergy or injury?

Yes No

How serious is the condition if aggravated?

Potentially life threatening

Could require medical treatment (doctor, hospital etc.)

Could require own medication

Could require rest or time off work

How could we recognise if your condition has recurred or been aggravated?

When was your most recent episode?

What is the management plan to minimise the condition?

What is the emergency plan if serious aggravation does occur?

Additional information attached



## 5. Volunteer Declaration

*I agree to comply with the following terms and conditions that refer to my participation in all voluntary work for Local Government.*

I am applying to work as a volunteer

I shall respect the rights, feelings and property of all others associated with my activities

I declare that the information contained in this application is true and correct

I understand that I may be required to undergo an interview, provide references, and complete background checks (e.g. National Police Clearance and/or Working with Children Check)

I understand that I will be required to undertake an Induction prior to my commencement

I will not smoke nicotine products, consume, store, or work under the influence of alcohol or illicit drugs

I will follow the instructions in the Friends Group Manual to ensure a safe team environment

I acknowledge that health and safety are the responsibility of everyone involved in the Group's activities and workplace

I will not operate chainsaws without written approval from the City

I will wear appropriate protective clothing and equipment at all times

I will adhere to the City's Child Safeguarding Directions and Policy

For insurance purposes, I will keep an accurate record of the time I spend on volunteer activities, which can be reviewed by the City and the insurance company in the event of an accident

I recognise that, for insurance purposes, we are acting independently and are not associated with any incorporated group

I recognise that insurance coverage will only be available for activities conducted on reserves vested in the City of Kalamunda. The City will not accept responsibility for any activities undertaken on other reserves

I will ensure that I only undertake Volunteer activities during daylight hours

I will notify the City of any unsafe conditions or objects (sharps, asbestos etc) whilst undertaking volunteer activities

Signature

Name (please print)

Date



**Please return this form as soon as possible to**

**Parks & Environmental Services**

Post: City of Kalamunda, PO Box 42, Kalamunda WA 6076

Email: [environment@kalamunda.wa.gov.au](mailto:environment@kalamunda.wa.gov.au)