

Gladstone Libraries

New Volunteer Form

APPLICANT DETAILS		
First Name:	Surname:	
Date of Birth:	Gender:	
Address:		
Home Phone:	Work Phone:	Mobile:
Email:		
EMERGENCY CONTACT DETAILS:		
<i>(We will only use the Emergency Contact in the case of an emergency)</i>		
First Name:	Surname:	
Home Phone:	Work Phone:	Mobile:
Relationship to you:		
CURRENT CERTIFICATES		
Queensland Drivers License :	Y / N	Expiry date:
First Aid certificate:	Y / N	Expiry date:
Blue card:	Y / N	Expiry date:
AREAS OF INTEREST		
<i>Please mark all that apply</i>		
Shelving		
Book Sale		
Adult Events		
Children's Events		
Gardening		

AVAILABILITY

(Please mark all that apply and indicate any preferences)

On a regular day each week:

AM

PM

During School Holidays

For specific events/ projects: e,g Popcon, Ecofest, Christmas Street Party

REFERENCE

(Please include any paid or volunteer work)

Do you have any objections to a reference check?

Y / N

Name of referee:

Relationship to you:

Phone no:

Email:

APPLICANT'S AGREEMENT:

(All volunteers are required to adhere to all Gladstone Regional Council policies)

By signing this participation form, I confirm that the above information is true and correct to the best of my knowledge and does not contain misleading or incorrect information at the time of signing this declaration. I also confirm that I have read and understood the attached Position Description.

Printed name:

Signature:

Collection Statement: The Gladstone Regional Council is collecting the personal information provided above for the purpose of processing this form. This personal information may be accessed and used by authorised employees of Council. This personal information will not be used for any other purpose without your permission, unless authorised or required by law.

RETURN COMPLETED FORM TO:

Gladstone Regional Libraries, PO BOX 29, GLADSTONE DC QLD 4680

Email: library@gladstone.qld.gov.au

AUTHORISATION

Approved by:

Manager Regional Libraries

Revised Date:

March 2023

