



## Volunteer with Renmark Paringa Council Application Form

### APPLICATION / REGISTRATION INFORMATION

#### ENQUIRIES AND APPLICATION / REGISTRATION FORMS TO:

##### Renmark Paringa Council –

PO Box 730

61 Eighteenth Street, Renmark SA 5341

Phone: 08 8580 3000

Fax: 08 8580 3030

Email: [council@renmarkparinga.sa.gov.au](mailto:council@renmarkparinga.sa.gov.au)

#### OVERVIEW:

There is a range of volunteering opportunities available through the Renmark Paringa Council. Council values and appreciates the expertise, time and energy volunteers provide to the various projects and programs which ultimately benefit the Renmark and Paringa communities.

This document outlines the variety of volunteering opportunities, terms and conditions.

#### PROCEDURE:

Further details and availability of placements should be discussed with the Renmark Paringa Council Volunteer Coordinator, Poppy Papageorgiou.

Phone: 8586 5745

Email: [ppapageorgiou@renmarkparinga.sa.gov.au](mailto:ppapageorgiou@renmarkparinga.sa.gov.au)

Please return form to: Volunteer Coordinator  
Renmark Paringa Council  
Chaffey Community Centre  
86 Nineteenth Street  
RENMARK SA 5341

Thank you for your interest in volunteering with the Renmark Paringa Council.

### SECTION 1: Volunteer Application

First Names:	
Last Name:	
Date of birth: (mandatory)	
Application Date:	
Address: (residential)	
Town:	



Post Code:					
Postal address: (if different from above)					
Phone number:					
Mobile:					
Email address:					
Driver's Licence:	YES:		NO:		
Driver's Licence Number:					
Driver's class of Licence:					
Driver's Licence Expiry date:					
Do you have a National Police Check (NPC)?	YES:		NO:		
If 'yes' in what year was this obtained?					
If 'no' are you willing to undergo a mandatory Police Check?	YES:		NO:		
Do you have a First Aid certificate?	YES:		NO:		
If 'yes' what is the qualification? (i.e. Emergency/Senior etc) and what is the expiry date of your certificate?					
What is your current employment status?	Employed:		Student:		Centre-link:
	Un-employed:		Retired:		Other:
If you answered 'Centrelink' please tick the relevant program below:	Mutual Obligation:		New Start:		Volunteer Work Initiative:
	Disability Pension:		Other:		



## SECTION 2: Skills/Interests:

What is your main interest in becoming a volunteer and briefly describe what personal skills and attributes you will bring to the volunteer program at the Renmark Paringa Council.

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Program area you would like to volunteer your services with the Renmark Paringa Council:

Chaffey Community Centre:		Renmark Paringa Public Library:	
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Renmark Paringa Visitor Information Centre:	
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Other Skills Interest:

Reception:		Computer / IT:	
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Cooking:		Group Leading:	
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Literacy Tutor:		Graphics/Arts/Crafts:	
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Landcare/Gardening:		Photography:	
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Other:			
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## SECTION 3: Availability:

As part of the volunteer application process an interview will be required and organized with the Volunteer Coordinator, please list your availability/preferred time for an interview.

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Do you agree to undertake the required appropriate training course with the Renmark Paringa Council including, Induction, Orientation, program specific training and 'On-the-Job' training before commencing any volunteer activities?	YES:		NO:	
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Please list your likely volunteer availability (preferred day/s and times of involvement for each program):

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**SECTION 4: Medical Conditions/Task Limitations**

Do you have any special requirements or health conditions?	YES:		NO:	
Do you suffer any medical condition and/or disability that may affect your fitness to carry out your volunteer role? Eg effects to vision, hearing, balance and touch, etc	YES:		NO:	
If 'Yes' please state special needs and any medical conditions that may affect the range of work you can undertake; or advise particular tasks that you are unable to undertake.				

**SECTION 5: Emergency Contact and Referees**

Emergency Contact Name:			
Emergency Contact Phone Number:			
Emergency Contact Relationship to Applicant:			
Please provide the name and contact numbers of two people who are willing to act as referees for you and who have known you either personally or professionally for at least 12 months.			
Name:		Phone Number:	
Name:		Phone Number:	



## SECTION 6: ACKNOWLEDGEMENT by Volunteer Applicant

I have read and understood the above-mentioned Terms and Conditions concerning Volunteering with the Renmark Paringa Council and hereby acknowledge and agree to them in full.

We respect your privacy and this information will be kept strictly confidential.

Name:		Signature:		Date:	
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**Parent/Guardian – Where a Volunteer Applicant is Under 18 Years of Age**  
 Where a Volunteer is under 18 years of age the Volunteer Application will only be accepted with the agreement of their Parent or Guardian.

I acknowledge having read and understood the Terms and Conditions within this application relating to the roles and responsibilities of a Volunteer. I am the legal parent/guardian of the Applicant and agree to their participation in regard to the performance of tasks as described and under the conditions as stated.

Parent/Guardian:					
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Name:		Signature:		Date:	
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Witness:					
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Name:		Signature:		Date:	
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## SECTION 7: OFFICE USE ONLY

Receipt of application:		Signed:	
Interview date/time confirmed with applicant:		Signed:	