



PARRAMATTA HERITAGE VISITOR & INFORMATION CENTRE

Volunteer Registration Form

First Name: _____ Last Name: _____

Home Phone: _____ Mobile: _____

Email: _____

Street Address: _____

Mailing Address (if different): _____

Country of Birth: _____ Languages spoken: _____

Permanent Resident? YES NO

If not, how long can you stay in Australia? _____

Date of Birth: _____

Volunteer Role you are applying for: _____

MOTIVATION, SKILLS & EXPERIENCE

Why are you interested in volunteering?

Have you done any volunteering before? Please give details.

Please provide relevant qualifications, skills, and work experience:

Hobbies and Interests:

AVAILABILITY:

What days and times are you available to volunteer?

Mondays: _____

Tuesdays: _____

Wednesdays: _____

Thursdays: _____

Fridays: _____

What is your preferred frequency of volunteering? Eg. Twice weekly, weekly, fortnightly, monthly, casual basis

INTELLECTUAL PROPERTY

It is a term and condition of your volunteering that the intellectual property and materials (including ideas, documents and records) you create in the course of your stay is and will be made under attribution plus share-alike creative common licence. This means the council, yourself and general public may use your IP as long as they credit you as the source and your IP shared using the same creative commons licence.

DRIVING INFORMATION

Do you hold a current Driver's Licence? YES NO

Licence Number: _____

Expiry Date: _____

Do you have any driving restrictions or convictions in the last 5 years? If yes, please provide details.

HEALTH INFORMATION

Do you have any health problems? If yes, please provide details.

Emergency Contact Person 1

Emergency Contact Person 2

NAME: _____

NAME: _____

HOME PHONE: _____

HOME PHONE: _____

MOBILE: _____

MOBILE: _____

ADDRESS: _____

ADDRESS: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

CRIMINAL RECORD CHECK

Due to the nature of the work, and vulnerability of the clients, we are required to ask the following questions:

Have you been convicted of a criminal offence in the past five years or are you currently facing any charges for a criminal offence? If yes, please provide details.

Do you agree to a Criminal Record Check? YES NO

REFEREE CHECK

Please provide the names of two (2) referees:

Referee Person 1

Referee Person 2

NAME: _____

NAME: _____

DAYTIME PHONE: _____

HOME PHONE: _____

MOBILE: _____

MOBILE: _____

EMAIL: _____

EMAIL: _____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

This information is being collected for the purposes of recording and assessing the suitability of the candidate for the volunteer work offered by Research & Collection Services.

The information will be disclosed to appropriate staff at the Research & Collections Services unit which is part of Cultural Heritage & Tourism, and other City of Parramatta staff.

We request that the information be provided voluntarily with the exception of the Criminal Record check which is mandatory.

Please contact the City of Parramatta Council Governance Team to access or correct this information.

The information you provide will be kept in storage at the City of Parramatta Council, 126 Church Street, Parramatta NSW 2150.

SIGNATURE

Signature: _____ Date: _____

Thank you for your interest in volunteering and the time taken to complete this form. If you have any questions, please call Neera on Ph: 8839 3323

Please return completed form to:

**Justine Dowd,
Manager, Cultural Heritage Programs & Visitor Information
Parramatta Heritage Visitor & Information Centre
Parramatta City Council**

**via mail: Parramatta Heritage Visitor & Information Centre
346a, Church street
Parramatta 2150**

Via email: jdowd@cityofparramatta.nsw.gov.au