

Student Volunteer Registration Form



If you need help lodging your form, contact us	
Email	LibraryVolunteers@northernbeaches.nsw.gov.au
Phone	02 8495 6856
Return to	Library Student Volunteer Coordinator
Website	northernbeaches.nsw.gov.au/library/yourlibrary/volunteer-library

Office use only	
Form ID	3014
TRIM Ref.	
Last updated	February 2022
Business unit	Library Service

Privacy Protection Notice	
Purpose of collection	For Council to provide services to the community
Intended recipients	Northern Beaches Council staff
Supply	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction	Please contact Customer Service on 1300 434 434 to access or correct your personal information, or contact the Library Student Volunteer Coordinator.

Part 1: Student Volunteer Details

First Name			Surname		
Preferred name <i>(optional if applicable)</i>			Date of Birth (dd/mm/yy) <i>Volunteers must be turning 14 years in the calendar year</i>		
Library card number			Year at school		
Address				Postcode	
Mailing Address					As above
Phone			Mobile		
Email					
I give permission for the Council to contact me about other volunteer opportunities			Yes	No	
Do you speak a language other than English at home?	Yes	Please state		No	Prefer not to say
Do you identify as Aboriginal or Torres Strait Islander?	Yes	No	Prefer not to say		

Part 2: Emergency Contact Details / Next of Kin

Full name					
Relationship					
Home/work phone			Mobile		
Home Address					

School Name					
Contact Name					
Position			Contact Phone		
Contact Email					
School Email					

Part 3. Medical Conditions

Do you have any medical conditions, injuries, illness, disabilities or allergies?	Yes	No
If yes, please specify the condition and complete the separate medical condition report form (2019/530348) which your supervisor will provide in your induction.		

Part 4: Volunteer Service Details

Total hours of volunteer service required			Date to be completed by			
Have you completed any previous volunteering at Northern Beaches Council?				Yes	No	
If yes, please list						
Are you volunteering as part of:						
Duke of Edinburgh	School Community Service		Work Experience		Other	
Select your preferred branches						
Manly	Warringah Mall	Dee Why	Mona Vale	Glen Street	Forestville	
Which days and times are you available? <i>(Please specify all possible days and times as your preferred option may not be available)</i>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
4 - 5pm	4 - 5pm	4 - 5pm	4 - 5pm	4 - 5pm		

Part 5: Declaration & Signature

Applicant Declaration			
<ol style="list-style-type: none"> I agree to work in accordance with instructions, policies and procedures provided by Council supervisors. I agree that I can meet the requirements of, and will work in accordance with, the position description provided. I agree to take reasonable care of my own health and safety, and the safety of others around me. i.e. other volunteers, members of the public, clients or staff. I am aware that it is preferable to leave valuable items at home. Council shall not take responsibility for participant's goods that are lost or stolen whilst participating. I understand that this agreement is of a voluntary nature, that no payment shall be received, and that either party may terminate this agreement at any time. I agree to inform Council staff and accept necessary changes, if at any time I am prescribed medication and/or acquire a medical condition, injury or illness, that may affect my ability to perform my volunteering role i.e. affect my ability to drive a vehicle, use tools and equipment, or which may affect the way I interact with people. I agree to disclose any matter that might reasonably be considered to bring Council into disrepute or may pose risk of harm to person or property. If I do not honor this agreement, I understand that Council staff may contact my school, parent or guardian; and may cancel my volunteer arrangement. 			
I hereby acknowledge that I have read and understood the above declaration and the details I have provided are true and correct at this time. I understand prior to the commencement of my role I must undertake a volunteer induction, and that I am responsible for notifying my supervisor should any of the details on this form change.			
Signed by volunteer		Date	

Part 6: Volunteers Who Are Under 18 Years of Age

Parent / Guardian Signature is required for all applications under 18 years of age. Volunteers aged under 18 years are required to acquire parental or guardian consent prior to undertaking volunteer duties. This is in accordance with Councils volunteer insurance policy. Please note you are unable to participate as a volunteer if you are under 14 years of age.			
I represent and warrant that; I am the parent or guardian of the minor whose name appears enclosed. I certify that my child is aged over 14 years and that I have approved of and consented to my child's activities in connection with participation as a Council Volunteer prior to commencement of such duties.			
Full Name of Parent/Guardian			
Street Address			
Suburb		Contact Number	
Email			
Signature		Date	