



VOLUNTEER APPLICATION FORM

EMERGENCY CONTACT INFORMATION

Contact Name: _____

Daytime Phone Number: _____

After Hours Phone: _____

Relationship: _____

AVAILABILITY TO VOLUNTEER

Preferred Day/s: _____

Mon

Tue

Wed

Thu

Fri

Sat

Sun

HEALTH INFORMATION

Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain activities? Yes No

If yes, please describe:

REFEREES

Please provide the names of two people who would be willing to speak on your behalf.

The referees may be friends, current or former employers, work colleagues or a neighbour etc.

REFEREE #1

Name: _____

Relationship: _____

Daytime Phone Number: _____

REFEREE #2

Name: _____

Relationship: _____

Daytime Phone Number: _____

VOLUNTEER DECLARATION

I declare that the information provided in the above Registration Form to be true in all aspects.

I agree to the use of my personal information, as detailed at whitemanpark.com.au/privacy

I understand that I may be required to undergo an interview, undertake a reference check, or obtain a background check (National Police Clearance and/or Working with Children Check etc).

Signed: _____

Date: / /

PRIVACY STATEMENT

Whiteman Park collects, uses, stores and discloses personal information in accordance with the Department of Planning, Lands and Heritage's Privacy Policy. You can read the full policy and collection notice for this form at whitemanpark.com/privacy



Email your completed form to enquiries@whitemanpark.com.au or drop it in to Whiteman Park Administration.