VOLUNTEERREGISTRATION FORM



Whiteman Park is a recreation and conservation reserve spanning nearly 4,000 hectares of natural bushland. Our volunteer program is as vast as the Park itself, with opportunities in the following portfolios: environment, transport heritage, visitor information, education and events, working both internally and externally to the Park.

Volunteer activities range from taking tours, education programs, planting, weeding and manning our Visitor Information Centre. Being involved in these and many other activities at the Park is personally rewarding and mutually beneficial for the Park, our volunteers and the wider community. The Park also requires volunteers for Bennett Brook Railway, Tractor Museum, Bus Preservation Society, Motor Museum of WA and Perth Electric Tramway Society.

If you are interested in joining our passionate and highly valued team of volunteers, please complete this form and return it to our Volunteer Coordinator for assessment.

PERSONAL DETAILS										
Title:	□ Mr	☐ Mrs	☐ Miss	□Ms						
Your Nan	ne:									
Residential Address:										
Suburb:				Postcode:						
Home Nu	ımber:		Mot	Mobile Number:						
Email Address:										
Date of B	irth:		Driv	ver's License:	□ Yes	□No				
Are you a	permanent Re	sident of Austra	nlia?		□ Yes	□No				
VOLUNTEERING PREFERENCES										
Please select which AREAS you are most interested in:										
☐ Bus Preservation volunteering ☐ Tractor Museum volunteering										
☐ Motor Museum volunteering ☐ Tramways volunteering										
□ Railwa	y volunteering	□W	☐ Whiteman Park volunteering							
Let us know which SPECIFIC ACTIVITIES interest you:										
□ Admin	and marketing	□ Res	earch		Visitor info	ormation roles				
☐ Driving		□ Tou	ır g <mark>u</mark> iding		Trades					
☐ Outdo	or environmen	t <mark>role</mark> s □ Oth	ier:							





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EMERGENCY CONTACT INFORMATION										
Contact Name:										
Daytime Phone Number:			After Hours Phone:							
Relationship:										
AVAILABILITY - Please indicate which days / times you are available for volunteering										
		MON	TUE	WED	THU	FRI	SAT	SUN		
	Morning									
,	Afternoon									
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.										
₩ Name:										
REFEREE	Relationship:									
REFI	Daytime Phone No.:									
7										
	Name:									
REFEREE	Relationship:									
Daytime Phone No.:										
VOLUNTEER DECLARATION										
I declare that the information provided in the above Registration Form to be true in all aspects.										
Sign	Signed: Date:									

PRIVACY STATEMENT

In accordance with the Privacy Act all information collected is for the purpose of providing volunteer service only to assess your suitability for volunteer work at Whiteman Park. No personal information is used or disclosed to other parties. All information is securely stored. Statistical non-personal information may be used from time to time. The information you provide in this form is required for insurance purposes.



