

Hinkler Hall of Aviation volunteer application form

Council is collecting your personal information (e.g. name, address, phone number etc), for the purposes as outlined on this form. This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Privacy Statement governed by the *Information Privacy Act 2009*. Visit bundaberg.qld.gov.au/privacy for further information.

Thank you for your interest in becoming a Hinkler Hall of Aviation volunteer. The information on this form will assist us in selecting volunteers. After you have completed this application form, please drop it in to Hinkler Hall of Aviation or email the completed application form to hinklerhall@bundaberg.qld.gov.au

Please ensure you have read the Hinkler Hall of Aviation Position Description and Hinkler Hall of Aviation Volunteer Program Information.

Section 1: Application information

Contact person name: Mr/Mrs/Ms _____

Postal address _____

Suburb _____ State _____ Postcode _____

Daytime phone () _____ Mobile () _____

Email (required) _____

Date of birth (optional) / /

Emergency contact name _____

Phone () _____ Relationship _____

Section 2: Availability

Please indicate the days you will be available to volunteer

- | | | | |
|----------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Mondays | <input type="checkbox"/> Tuesdays | <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Thursdays |
| <input type="checkbox"/> Fridays | <input type="checkbox"/> Saturdays | <input type="checkbox"/> Sundays | <input type="checkbox"/> Public Holidays |

Please indicate how often you would like to volunteer

- | | | | |
|---|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> More than once a week
<small>Please indicate number of days</small> | <input type="checkbox"/> Once per week | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly |
|---|--|--------------------------------------|----------------------------------|

Do you have any prior commitments which would affect your availability throughout the year?

Is there any further information you would like to provide about your availability or your shift preferences?



Phone: (07) 4 130 4400
 Fax: (07) 4 130 44 10
 PO Box 3130, Bundaberg Qld 4670
 hinklerhall@bundaberg.qld.gov.au
 hinklerhallofaviation.com

Section 3: About you

Are you an Australian citizen or permanent resident? If you are not an Australian citizen or permanent resident, then you will need to supply a copy of your current visa.

Yes No

Is your commitment to volunteering at Hinkler Hall of Aviation connected with outside organisations such as employment agencies and/or Centrelink?

Yes No

Do you have any relevant qualifications? _____

Why would you like to **volunteer** with Hinkler Hall of Aviation? _____

Do you have any other **relevant skills or hobbies** which could be of use in your volunteer work?

Section 4: Volunteer/work experience

Please provide a brief summary of your current or previous employment

Name of Workplace _____

Position _____

Duties performed _____

Name of Workplace _____

Position _____

Duties performed _____

Please provide a brief summary of current or previous relevant volunteer experience

Name of organisation _____

Position _____

Duties performed _____

Name of organisation _____

Position _____

Duties performed _____





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Section 5: Additional information

Do you have any **disabilities, medical issues or health problems** that could affect your ability to perform certain tasks involve with volunteering at Hinkler Hall of Aviation? If yes, please provide details

Do you have a current **First Aid certificate**?

Yes, expiry date / / No

Do you have a current **Working with Children Blue Card**?

Yes, expiry date / / No

Do you give permission of Council to undertake a **police check**?

Yes No

Section 6: Referee details

Please provide details of **two (2) referees** who we can contact during business hours

Name _____ Phone _____

Relationship to applicant _____

Name _____ Phone _____

Relationship to applicant _____

Section 7: Declaration

I _____, declare that all information provided in this application is correct, and that I will advise Bundaberg Regional Council of any changes to the information provided.

Signature _____ Date / /

OFFICE USE ONLY			
Date received		Time	
Receiving officer		Signature	
Objective Ref			
Interview date		Interview time	
Interviewing officer			