

Mundijong Public Library Volunteer Application Form

Personal Details (applicant's details) CONFIDENTIAL

Title: Mr / Mrs / Ms / Miss

Name: _____ Preferred Name: _____

Date of Birth (dd/mm/yyyy)? _____

Address: _____

Suburb: _____ Postcode: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____

Why do you want to volunteer at the library? _____

What would you like to get out of your volunteering? _____

Volunteer Position (what do you want to do?)

Please indicate which type of library volunteering you would be interested in doing:

- Books on Wheels
- Transcribing Oral Histories
- Shelving
- Community History
- Adopt a Shelf
- Basic office tasks, e.g. labelling, placing stickers on books, weeding, etc.
- Preparing craft for story time and school holidays
- Event support, e.g. set up and pack up, greet guests, attendance register, etc.
- Lego Club
- Computer based work, e.g. updating databases, data entry, social media, etc.
- Other (library tasks as requested by supervisor)

Contact Us

Enquiries

Call: (08) 9526 1111

Fax: (08) 9525 5441

Email: info@sjshire.wa.gov.au

In Person

Shire of Serpentine Jarrahdale

6 Paterson Street, Mundijong WA 6123

Open Monday to Friday 8.30am-5pm (closed public holidays)



www.sjshire.wa.gov.au



Continued

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Volunteering preferences: _____ Day/s per week _____ 1-2 times a month
Days of volunteering: (please circle) Monday / Tuesday / Wednesday / Thursday / Friday / Saturday
Commencement Date: ____/____/____ **Last Day of Volunteering:** ____/____/____ **N/A**

Additional Details (about the applicant) **CONFIDENTIAL**

To assist us better with your volunteer application, please indicate whether you have a physical or mental health issue or injury likely to affect your performance.

Yes / No (please circle)

If yes, please indicate: _____

Type of health issue / injury? _____

Any special requirements? _____

Emergency Contact

Contact name: _____

Address: _____

Suburb: _____ **Postcode:** _____

Phone: (H) _____ **(W)** _____ **(M)** _____

Email: _____

Insurance Cover Form (attached form to the Volunteer Application form)

I have read, understood and agree with the Shire of Serpentine Jarrahdale's Insurance Cover for Volunteers of Council documentation.

Signature of volunteer: _____ **Date:** _____

Signature of guardian if under 18: _____ **Date:** _____

Driver's Licence and Working With Children Check (where applicable)

DL number: _____ **Working With Children Check number** _____

Office Use Only

Application Approved: Yes / No
Drivers Licence Received: Yes / No

Documents recorded: Yes / No
Working With Children Check Received: Yes / No