



## APPLICATION FOR VOLUNTEER WORK

Telephone: (08) 9427 3327 Facsimile: (08) 9427 3256 E-mail: volunteers@slwa.wa.gov.au

### PERSONAL DETAILS

Surname: (circle) Mr / Ms / Miss / Mrs / Other:

Other Names: Date of Birth: / /

Address: Post Code:

Contact Phone number(s): (preferred contact)

Home: ( )..... Mobile: .....

E-mail address: .....

### For some volunteer placements we may require a National Police Check:

Do you have any objections to the State Library of WA conducting a National Police/Name Check? **Yes No**

*This information shows "No Record or Record (Serious or Minor)" **ONLY** which is provided to the Library with the consent of the volunteer, at the Library's expense. **If a Record does show, you will be required to obtain a National Police Clearance at your own expense.***

### HEALTH INFORMATION

Are you aware of any illness, injury or disability which may preclude you from doing particular duties, or which could recur or be aggravated by the type of duties for which you are applying?

Yes  No

**YES: Please provide details:**

.....

### PREVIOUS EMPLOYMENT DETAILS

Include details of **WORK AND/OR VOLUNTEER EXPERIENCE**, recording the most recent first.  
Alternatively, you may attach a resume.

Organisation	Title Held	Period of Tenure
		_____ year to _____ year
		_____ year to _____ year
		_____ year to _____ year

Please comment on any other work or volunteer experience and information, which you feel, is relevant to your application.

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<b>AVAILABILITY - Please indicate your availability:</b>		
<b>Day</b>	<b>AM (From - To)</b>	<b>PM (From - To)</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### REFEREES

Please provide the names and phone numbers of at least two referees – preferably those who have supervised your past work/volunteer experience or who can supply information on your relevant skills, abilities and experience.

<b>Name</b>	<b>Position Title</b>	<b>Organisation</b>	<b>Phone number</b>

**Who would you like us to contact in an emergency.**

(Please tick and fill in contact details below)

\* **GP**                      \* **Partner**                      \* **Family Member**                      \* **Neighbour**

**Who is your preferred medical practitioner?**

Doctor: \_\_\_\_\_ Medical Centre:  
\_\_\_\_\_

Phone: ☎ \_\_\_\_\_ Mobile: ☎  
\_\_\_\_\_

**1<sup>st</sup> Emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact number ☎ \_\_\_\_\_ Mobile ☎ \_\_\_\_\_

**2<sup>nd</sup> Emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact number ☎ \_\_\_\_\_ Mobile ☎ \_\_\_\_\_

**Do you have any Ambulance Cover?**

\* **Yes**

\* **No**

Ambulance cover details:

**I hereby authorise for an ambulance to be called in the event of an emergency.**

**Signature of Volunteer:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***DECLARATION***

*I declare the above information provided to be true and correct to the best of my knowledge and does not contain misleading or incorrect information at the time of signing this declaration.*

Signed: ..... Date: .....



**State Library**  
**OF WESTERN AUSTRALIA**

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