## VOLUNTEER

## PERSONAL INFORMATION FORM

**PERSONAL DETAILS**

Title: [ ] Mr [ ] Mrs [ ] Miss [ ] Ms Surname:

Given Names:  Preferred Name:

Home Address:

 Post Code:

Contact telephone No:

Best time to Call:

Email Address:

Age:  Date of Birth:

**NEXT OF KIN DETAILS** *(Person to be contacted in case of emergency)*

Title: [ ] Mr [ ] Mrs [ ] Miss [ ] Ms Name:

Address:

 Post Code:

Contact telephone No:

**EXPERIENCE**

Current Occupation:

[ ]  Teacher [ ]  Trade [ ]  Finance

[ ]  Student [ ]  Administration [ ]  Defence Force

[ ]  Medical [ ]  Marketing/Media [ ]  IT

[ ]  Hospitality [ ]  Unemployed [ ]  Retired

[ ]  Other:

Do you have your own transport? [ ] Yes [ ] No

Do you hold a CURRENT First Aid Certificate? [ ] Yes [ ] No

Briefly describe your (work / skills) experience:

**AVAILABILITY**

Please tick your preference:

[ ]  Morning Shift [ ]  Midday Shift [ ]  Evening Shift [ ]  Full Day Shift

Would you like to be contacted by PSC for work at future events? [ ]  Yes [ ]  No

MEDICAL INFORMATION

Is there any factor that would prevent you from effectively performing the tasks associated with the position for which you have applied? [ ]  Yes [ ]  No

If *yes,* please explain:

Have you ever made a workers’ compensation claim? [ ]  Yes [ ]  No

If *yes,* please provide details:

Are you being treated by a doctor for any illness? [ ]  Yes [ ]  No

Are you currently taking regular medication? [ ]  Yes [ ]  No

Have you had any serious illness or injury? [ ]  Yes [ ]  No

If you answered *yes* to any of the three questions above please provide details:

Please provide a self-assessment of your physical fitness:
[ ]  Very Poor [ ]  Poor [ ]  Average[ ]  Good [ ] Very Good

**VOLUNTEER**

I understand that I’m engaged in volunteer activity. Only while you are assisting Perth Social Club (PSC) and while your assistance is approved / controlled and/or known by PSC Management, will you be covered for Public Liability Insurance. While acting as a volunteer, a limited person accident insurance cover will be effected by PSC subject to terms and conditions of the policy. PSC retains ownership of the policy and retains discretion in terms of any benefits payable under the policy. Should any injury occur to you while you are acting as a volunteer of PSC you must notify your Supervisor immediately, or as soon as practicable. Any incident which occurs in which injury or property damage to other parties may arise must be reported immediately or as soon as practicable to your Supervisor. Under the terms of Occupational Health and Safety Act 1985, you must follow all established practices, procedures and instructions of PSC which apply to the tasks you have volunteered to perform. You are expected to perform the task you have volunteered to perform with all due care, skill and diligence. I confirm that I have read and understand the above-mentioned conditions on this information sheet prior to signing it.

Signature:  Date: