



Volunteer Request Application Form

Privacy Notice: Wing's Wildlife Park (WWP) deals with your personal information in accordance with law including the Information Privacy Act 2009. A copy of this application may be provided to external agencies if volunteering for an organisation not managed by WWP. Your personal details will not be disclosed to any other person or agency external to WWP without your consent unless required or authorised by law.

This form is to be completed when applying to volunteer at WWP.

- Submitting this form does not guarantee a volunteer position.
- Applicants will be required **to attend a face-to-face interview**.

P: 03 6429 1151 | E: info@wingswildlifepark.com.au | W: www.wingswildlifepark.com.au
 | F: www.facebook.com/wingswildlifepark

Applicant Details

Name (Last & First Name):	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Residential Address:	
Postal Address (If difference to Residential Address):	
Preferred Mobile Number:	Alternative Contact Number:
Email:	

Declaration:

I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability and acknowledge that I will adhere to the below conditions:

- I agree to WWP conducting probity checks (where appropriate).
- I agree to work under the guidance and supervision of the WWP employee responsible for the area of work for which I have applied.
- I agree to contact the WWP employee designated if I wish to vary the nature of work specified in this application, or if I experience any problems with the work I am undertaking.
- I understand that as a volunteer I have the same responsibilities as an employee of WWP to comply with the Code of Conduct, relevant policies, and legislative obligations of WWP particularly in respect to workplace health and safety, discrimination, bullying, confidentiality, and organisational discipline.
- I understand that I am volunteering my services to WWP and will not receive remuneration for my services, and that I will inform WWP when I no longer wish to be considered for further volunteering activities.
- I understand that WWP may terminate my volunteering services if I do not comply with any aspect of this agreement.
- I agree to inform WWP of any injuries sustained whilst undertaking volunteering activities.
- I give permission for my photograph to be taken and reproduced in WWP publications, including on Wings website and social media pages.

Name:	Signature:	Date:
--------------	-------------------	--------------

Declaration by Legal Guardian of Applicant if under 18 years of age

I declare that I am the legal guardian of the applicant and give consent for the applicant to volunteer at Wings Wildlife Park.

Name:	Signature:	Date:
--------------	-------------------	--------------

Term of volunteering 1-6 months Over 6 months One off event

Preferred Hours	Monday		to	
	Tuesday		to	
	Wednesday		to	
	Thursday		to	
	Friday		to	
	Saturday		to	
	Sunday		to	

Experience

(please list any licences/skills/experience relevant to the proposed volunteer work to be undertaken)

Trade or qualifications:

Language/s other than English spoken:

Certificates and Licences

Number	Expiry Date	sighted by
National Police Check		
Working with Vulnerable People Card		
Driver's licence incl. type (e.g. Car MR HR Bike)		
Responsible Service for Alcohol		
First Aid certificate		
CPR certificate		
Other licences		

Emergency Details

Contact 1 – Name:

Address:

Preferred Contact Number:

Relationship to applicant:

Contact 2 – Name:

Address:

Preferred Contact Number:

Relationship to applicant:

Medical Details

Evidence of your physical capacity to undertake certain activities, e.g. driving vehicles, lifting items etc.

Are you physically able to undertake the nominated tasks? Yes No

If no, please provide details:

Are your Vaccinations up to date?

Date of last vaccination

Sighted by (staff to complete)

Covid-19 (optional) Yes No

Tetanus (mandatory) Yes No

Diphtheria Yes No

Pertussis (whooping cough) Yes No

Hepatitis A Yes No

Hepatitis B Yes No

Influenzae type b (Hib) Yes No

Any other immunisations?

Do you have any conditions which may impact your role as a volunteer that WWP should be made aware of?

Yes No

If yes, please provide details:

Supporting Documentation

Resume or curriculum vitae (optional)

Vaccination certificate/s

Please provide the following supporting documentation when submitting this form:

OFFICE USE ONLY

Date received:

Received by:

Interview Y/N

Interview organised: Y / N Date

Applicant approved: Y / N Date

Signed: (Reviewing Staff Member)