



# Central Coast Council Volunteer Application Form

Thank you for your interest in volunteering with Central Coast Council.

Please ensure that you read and understand the Volunteer Conditions of engagement document before completing this form.

## SECTION 1

Are you an organisation/group or individual wanting to offer volunteer services to council?

Please complete **Section 1** and **Section 2** this application form to register as a volunteer.

Are you an organisation/group or individual wanting to initiate and complete a stand-alone or new project on council property?

Please complete appropriate areas in **Section 1** and **Section 3** of this application.

**Note:**

- All applications must be approved before commencing work.
- Some areas of participation may require an interview prior to approval.

Name or contact person:

Name and details of project group or committee (if applicable):

Position: (if applicable):

Email:

Phone:

Address:

Emergency or secondary contact:

Phone:

## SECTION 2

Please tick the applicable area/s:

Bushcare	<input type="checkbox"/>	Gosford Regional Art Gallery	<input type="checkbox"/>	Peninsula Theatre	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	Laycock Street Theatre	<input type="checkbox"/>	Community Centres	<input type="checkbox"/>
Beaches	<input type="checkbox"/>	Senior Citizens Centres	<input type="checkbox"/>	Youth Services	<input type="checkbox"/>
Parks, Reserves	<input type="checkbox"/>	Cultural Projects	<input type="checkbox"/>	Children Services	<input type="checkbox"/>
Maintenance Services	<input type="checkbox"/>	Special event (Please advise)	<input type="checkbox"/>		
Other - (please advise)					



Do you have any medical conditions that may affect the type of work you can do?
If yes, please provide details:
Do you have any skills/experience relevant to the area that you wish to participate in?
If yes, please provide details (or attachment):

**SECTION 3**

Please provide a brief description of the proposed project. You may attach extra information if required.

Location of the project:
Proposed type of work:
Have you located funding?

Office use
Application approved: Section 3 Stand alone or new projects must be authorised by Program Manager or Coordinator.
If no please provide reason:
Name and position: