Frankston City Libraries
Volunteer Application Form

Tell us about you:

First Name:_____Surname:_____Title:_____

Date of birth:___/ ___/___ Age: _____ Gender: Female / Male

Please complete all details legibly. If you are a returning volunteer, we need to check our records against this form for changes.

Address:_____

Suburb/Town:_____State:_____Postcode:_____

Phone:(h)_____(w)_____(M)_____

Email:_____

Emergency Contact Person:_____ Phone:_____

Drivers Licence No: _____Expiry Date:_____

Medical conditions:_____

Special Requirements (e.g. wheelchair access):_____

_____

References:
All new volunteers are required to provide two personal referees which may be checked either over the phone or in person.

Reference Name:_____Phone:_____

Reference Name:_____Phone:_____

What would you like to do?
We aim to make your volunteering experience as valuable as possible, and relevant to your particular needs, areas of interest, and capabilities.

Why would you like to volunteer with the Frankston Library Service?

What services/programs offered by the Library are you interested in volunteering?

Do you have any special skills, areas of interest or attributes that may assist in your volunteer role? (e.g. speak languages other than English)

Please add any other relevant information you think may be useful

Signed: _____Date_____
(Parent or guardian must sign for person under 18)

Name:_____

Please return the completed application form for consideration to Frankston City Libraries, Library Volunteer Officer, 60 Playne Street, Frankston, 3199 or email: libraryenquiries@frankston.vic.gov.au or fax to (03) 9784 1750.

Privacy Statement
The personal information requested on this form is being collected by Council for Library Volunteer purposes. This information will be used solely by Council for that primary purpose or directly related purposes and will not otherwise be disclosed without your consent or as required or permitted by law. You may apply to Council for access and/or amendment of the information.