**CITY OF VINCENT LIBRARY AND LOCAL HISTORY CENTRE**

Volunteer Application Form

Thank you for your interest in volunteering with the City of Vincent Library and Local History Centre. Presently we are looking for volunteers who can assist with the below areas.

**GENERAL**

Shelving

Assist the library team and our patrons by returning library items to the shelves.

**ADULT SERVICES**

Digital Skills Training

Use your technology skills to assist the Adult Services team with their digital skills training sessions. Volunteers will help attendees to use the technology and digital devices used in the workshop.

Digitising in the Local History Centre

Assist the Local History Centre to digitise the collection by scanning materials and following specified file naming conventions.

**JUNIOR SERVICES**

Please Note: All volunteers for the below items will need to have a current Working With Children Check.

Studio Code

Assist with the setup and pack down of the event and building and coding robots using the LEGO Spike Prime kits. Expressions of interest only as this is still in development phase.

Code with Bee Bots

Assist the Young People’s Librarian with the event set up and pack down, how to learn early childhood coding and STEM skills through the designed activities. Expressions of interest only as this is still in development phase.

Note: This will be offered to families who are Culturally and Linguistically Diverse (CALD) and previous experience in this area will be an advantage but not essential.

**AREAS OF INTEREST**

Please check the areas that are of interest to you.

❑ Shelving

❑ Digital Skills Training

❑ Digitising in the Local History Centre

❑ Studio Code

❑ Code with Bee Bots

**VOLUNTEER INFORMATION**

**FULL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PHONE NUMBER:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGE:** ❑ Under 18 ❑ Over 18

Please only check the below if you are interested in volunteering in the junior services area.

**CURRENT WORKING WITH CHILDREN CHECK:** ❑ Yes ❑ No

**AVAILABILITY:**

Please note the hours you are available below.

❑ Monday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_

❑ Tuesday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_

❑ Wednesday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Thursday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_

❑ Friday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_

❑ Saturday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_

**SKILLS**

Please outline any skills or experience you have that are relevant to the areas of interest you have selected.

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**EMERGENCY CONTACT DETAILS**

**FULL NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PHONE NUMBER:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN THE CASE OF ANY MEDICAL EMERGENCY, THE CITY OF VINCENT HAS A DUTY OF CARE TO ASK YOU FOR THE FOLLOWING INFORMATION**

List any medication you are on that may affect your volunteer work. Please state how it may affect you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you suffer from any medical condition that may affect you carrying out your volunteer work? e.g heart problem, bad back, vision impairment, depression etc.

❑ Yes ❑ No

If yes please provide further information:

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**DUE TO THE NATURE OF OUR CLIENTS AND THE TYPE OF WORK WE DO, WE ASK ALL VOLUNTEERS TO OBTAIN A POLICE CLEARANCE.**

The City of Vincent can obtain a national police check at no cost to you. An “Application for Volunteer National Police Check” form will be provided for you to complete.

**TERMS OF VOLUNTARY DUTY**

1. As an official volunteer of the City of Vincent I acknowledge that I am subject to the volunteer Code of Conduct. I assume certain responsibilities and expect to be accountable for my actions, in terms of what is expected of me.
2. I also understand that confidentiality is of the utmost importance and agree to keep all matters confidential.
3. I interpret voluntary duty to mean that I have agreed to offer my services on the understanding that no financial remuneration will be received in return for them.
4. In case of an accident, I hereby grant the City of Vincent or an official representative of the council, permission to call an ambulance, doctor, or next of kin on my behalf.
5. I agree to report any Police conviction and/or Traffic Infringement to the Branch Librarian.
6. I acknowledge that I have the following responsibilities as a volunteer:

* To notify the library if unable to attend so alternative arrangements can be made.
* Undertake any relevant orientation, training, support and guidance.
* Work in accordance with health and safety regulations.
* Work in accordance with the City of Vincent policies and regulations.
* Respect the rights, privacy and dignity of clients and colleagues.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The form can be returned in person or by email at [library@vincent.wa.gov.au](mailto:library@vincent.wa.gov.au)

We will be in touch to discuss currently available volunteering opportunities.