

ORGANISATION PROFILE



Organisation Name:

Purpose / Mission Statement:

Services Provided:

ABN: Incorporation No:

Contact Person (Volunteer Coordinator):

Phone: Mobile: Fax:

Email:

Organisation Type: (please tick one only)

- | | |
|--|---|
| <input type="checkbox"/> Arts, Culture, Heritage | <input type="checkbox"/> Emergency Services, Crisis Support |
| <input type="checkbox"/> Community Service, Health, Welfare | <input type="checkbox"/> Human Rights, Social Justice |
| <input type="checkbox"/> Conservation, Environment, Animal Welfare | <input type="checkbox"/> Service Clubs, Professional Associations |
| <input type="checkbox"/> Education | <input type="checkbox"/> Sports, Recreation, Leisure |

Physical Address: Postal Address: (same as physical address)

Line 1: Line 1:

Line 2: Line 2:

Suburb: Suburb:

State: Post Code: State: Post Code:

Public Liability Insurance: Volunteer Personal Accident Insurance:

Insurer: Insurer:

Policy No: Policy No:

Expiry Date: Expiry Date:

Please Note: You may be asked to provide proof of these insurances including the accuracy of expiry dates given.

Collection Statement: Only the personal information of the person completing this form can be inserted as the Contact Person. The Gladstone Regional Council is collecting your personal information to process your Application for Volunteer Referrals. Personally identifiable information will be accessed by authorised council employees and may be passed onto potential volunteers expressing interest in your organisation. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

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