

VOLUNTEER POSITION DESCRIPTION



Organisation Name:

Position Title:

Physical Address of Position:

.....

Suburb: Post Code:

Contact Person for Position:

Phone: Fax:

Email:

Is this an Event: Yes No (Event Start Date: Event End Date:)

Days/Times Position Available:

Position Description:

Skills/Experience Required:

Skills/Experience Gained:

Training provided for this position:

Induction Session On-the-job learning Training Session(s)

Is this position suitable and is support available for persons:

With a Disability With Special Needs From a non-English speaking background

Position Requirements:

Working with Children Check (Blue Card)

National Police Check

Current Drivers License

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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