



If you need help lodging your form, contact us		
Email	library@northernbeaches.nsw.gov.au	
Phone	9942 2449	
Library Branches	Dee Why 725 Pittwater Road, Dee Why, NSW 2099	Forestville 6 Darley Street, Forestville, NSW 2087
Glen Street cnr Glen St & Blackbutts Rd, Belrose, NSW 2085	Warringah Mall Shop 650, 2nd Floor Warringah Mall. 145 Old Pittwater Road Brookvale NSW 2100	Mona Vale 1 Park Street Mona Vale, NSW 2103
Manly 1 Market Place Manly, NSW 2095		

Office use only	
Form ID	3014
TRIM Ref	
Last Updated	13 October 2017
Business Unit	Library Services
Application No.	
Receipt No.	

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council Library staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact the Library on 9942 2449 to access or correct your personal information

Part 1: Student Volunteer Details

Given Name			
Family Name			
Library Card Number			
School		Year	
Date of Birth		Today's Date	
Postal Address			
Phone		Mobile	
Email			
I give permission for the library to contact me about library events and volunteer opportunities			<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2: Emergency Contact Details

EMERGENCY CONTACT 1			
Name			
Relationship		Phone	
EMERGENCY CONTACT 2			
Name			
Relationship		Phone	
SCHOOL CONTACT			
Name			
Position		Phone	

Part 3: Volunteer Service Details

Hours of volunteer service		Date to be completed by				
Have you completed any previous volunteering at Northern Beaches Council?			Yes No			
If yes, please list						
ARE YOU VOLUNTEERING AS PART OF						
Duke of Edinburgh	Work Experience	School Community Service	Other (please specify)			
WHICH LIBRARY BRANCHES CAN YOU VOLUNTEER AT? (Tick all that apply)						
Glen Street	Dee Why	Forestville	Warringah Mall			
Mona Vale	Manly					
WHICH DAYS AND TIMES ARE YOU AVAILABLE? (Please specify times)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Do you have any medical conditions, injuries, disabilities that may affect your participation? If so, please describe below.						

Part 4: Student Volunteer Contract (not to be completed until offered a place)

I, _____ am a student volunteer at Northern Beaches Council library	
I will:	
<ul style="list-style-type: none"> • Be respectful to others and follow the library's conditions of membership • Demonstrate Northern Beaches Council's values of Respect, Trust, Teamwork, Integrity, Service and Leadership • Arrive for my shifts on time • Contact the library if I cannot make a shift due to illness or other commitments • Let library staff know if I am not available during the school holidays • Complete my volunteering commitment by the agreed upon date. If I need to make up hours, I will arrange to do this at a time that suits the library • Wear school uniform or smart casual clothes that meet the library minimum dress code • Wear shoes with a closed toe • Make an appointment when I need my final assessment or other paperwork completed • Adhere to the Council Workplace Health Safety training and induction requirements that I have been trained in 	
If I do not honour this contract, I understand that library staff might:	
<ul style="list-style-type: none"> • Contact my school • Contact my parent or guardian • Cancel my volunteer arrangement 	
PLEASE RETURN THIS TO THE LIBRARY VOLUNTEER COORDINATOR	
I have read and understand my obligations as a library student volunteer. I agree to follow this contract, and I understand that if I do not honour my commitments, the library may cancel my volunteer arrangement.	
Student Name	
Signature	
Date	
I am the parent/guardian of _____, a volunteer at Northern Beaches Council Library. I have read and understand this contract. I will encourage my child to meet their volunteer obligations.	
Parent/Guardian Name	
Signature	
Date	