

VOLUNTEER REGISTRATION



(Private and Confidential)

Name:			
Address:			
Contact numbers:	Home:	Work:	Mobile:
Date of Birth (For insurance):			
Driver's Licence (if applicable):	Number:	Expiry Date:	
Comprehensive Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Company:	Policy Number:
Are you currently:	<input type="checkbox"/> Retired <input type="checkbox"/> Home duties <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Self-employed		
Do you have a disability or medical condition, which would affect your ability to do certain types of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, could you please specify:		
Are you on WorkCover?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Area you wish to volunteer for:	<input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Home & Community Care <input type="checkbox"/> Visitor Information Centres <input type="checkbox"/> Beechworth Historic Precinct <input type="checkbox"/> Section 86 Committee:		
Do you have a current Police check?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sighted by Staff <input type="checkbox"/> Original/copy on file		
Do you have a current Working with Children check?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sighted by Staff <input type="checkbox"/> Original/copy on file		
In case of an emergency, your next of kin details:	Name:	Best contact number:	Relationship:
List any training you may have in areas of volunteering (e.g. First Aid Certificate)		
Are you willing to undergo training relevant to this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Office Use Only			
Review date of information (Review per year to a maximum of 2 years)	Information update	Date reviewed	Volunteers initials
	<input type="checkbox"/> Yes <input type="checkbox"/> No (Year 1)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No (Year 2)		
Police Check		Sent:	Returned:
Insurance documents (Motor vehicle)		Sighted:	Returned:

Volunteer Registration Form



Privacy Statement

The personal information requested on this form is being collected by Indigo Shire Council for the purpose of volunteer registration. The personal information will be used solely by Council for that primacy purpose or directly related purposes. Council may disclose this information to other areas of Council and third parties in accordance with Council's Privacy Policy. The individual may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Privacy Officer.

Print Name:

Signed:

Date:

Witness name:

Signed:

Date:



Volunteer code of conduct

As a volunteer,

I understand that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I too will assume responsibility for the tasks I undertake and will keep consumer and the council information confidential.

I understand that volunteering means that i have agreed to work without remuneration. Having been accepted as a volunteer I will undertake to do my tasks in a professional manner, with an attitude of open-mindedness and interest.

I accept this code for the volunteer and agree to it. I also accept that all information given regarding my personal details is concise and correct.

Print name

Witness

Name:.....

Name:.....

Signed:.....

Signed:.....

Date:.....

Date:.....



To be completed by volunteers

Name:	
Address:	
Contact number:	

Indigo Shire Council appreciates you offering your services as a volunteer, for the period commencing:

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As a volunteer of the council the following conditions apply:

1. The Council will make no payment to you.
2. The position you have volunteered for isat
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3. Your Council supervisor is
4. Only while you are assisting the Council in the above mentioned clearly defined Council business activity, and while your assistance is approved/controlled and/or known by the Council, you will be covered by the Council's Public Liability insurance policy.
5. While acting as a volunteer, a limited personal accident insurance cover will be affected by the Council subject to the terms and conditions of the policy.
6. Should any injury occur to you while you are acting as a volunteer of the Council you must notify your Council supervisor immediately.
7. Any incident, which occurs in which injury or property damage to other parties may arise, must be reported immediately or as soon as practicable to your council supervisor.
8. If an ambulance is required to transport a volunteer, there may be costs incurred for this if the volunteer is not a member of an appropriate fund.
9. Under the terms of the Occupational Health and Safety Act 2004, you must follow all established practices, procedures and instructions of the Council which apply to the tasks you have volunteered to perform.
10. You are expected to perform the task you have volunteered for with all due care, skill and diligence.

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- 11. Do you have any medical condition that may affect your volunteer work? If so, please specify:
.....
- 12. I understand I must comply with all aspects of the **Information Privacy Act 2001** and all information learnt by me in my role as a volunteer remains confidential.

I confirm that i have read and understand the above-mentioned conditions and the information sheet.

Volunteer (Print name): _____

Volunteer signature: _____ **Date:** _____

Council supervisor/manager (print name): _____

Council supervisor/manager signature: _____ **Date:** _____