

# VOLUNTEER REGISTRATION FORM



Volunteer Contact Details			
Surname		Given name	
Residential address			
Postal address			
Mobile phone		Email address	

Emergency Contact Details			
Surname		Given name	
Mobile phone		Relationship to self	

Volunteer Program Details		
Have you volunteered with Council before?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If yes, please specify:
Which area(s) would you like to volunteer in?	<input type="checkbox"/> Coonalpyn Hall <input type="checkbox"/> Moorlands Hall <input type="checkbox"/> Taillem Bend Town Hall <input type="checkbox"/> Tintinara Hall <input type="checkbox"/> Noonameena Community Garden <input type="checkbox"/> Pangarinda Botanic Garden <input type="checkbox"/> Taillem Bend Cemetery <input type="checkbox"/> Meningie Cemetery <input type="checkbox"/> Meningie & Wadmore Site Working Group <input type="checkbox"/> Coonalpyn Pool <input type="checkbox"/> Declared Plant Crew <input type="checkbox"/> John White Wetlands	<input type="checkbox"/> Meningie Town Beautification <input type="checkbox"/> Taillem info Station & Rail Museum <input type="checkbox"/> Meningie Information Hub <input type="checkbox"/> Meningie Aerodrome <input type="checkbox"/> Taillem Bend Beautification Crew <input type="checkbox"/> Work Experience <input type="checkbox"/> Other <hr/> <input type="checkbox"/> Temporary – Event / Activity Volunteer

Medical History		
Do you have a medical condition or disability which may affect the type of volunteer work being undertaken?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If yes, please specify:

Are there any other health reasons that could limit the activities you can undertake as a volunteer?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If yes, please specify:
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Skills/Qualifications	
Formal qualifications (ie. Diploma, Degree, Trade Certificate)	
Other training/certification (ie. First Aid, Work Zone Traffic Management, Chemical Handling)	
Current Drivers Licence	<input type="checkbox"/> Class C <input type="checkbox"/> Class LR / MR / HR <input type="checkbox"/> Class HC <input type="checkbox"/> N/A

\* The above may be sighted and captured on your volunteer record at a later date.

Declaration	
<i>Please read each statement and tick the check box to acknowledge your acceptance of each point:</i>	
I am applying for volunteer work with the Coorong District Council.	<input type="checkbox"/>
I have read and understood Council's Volunteer Policy and Employee Code of Conduct and agree to abide by the behaviours as set about therein.	<input type="checkbox"/>
I understand that I may be required to participate in a selection process and/or be subject to necessary police background checks.	<input type="checkbox"/>
I agree to take reasonable care of my own safety and that of other volunteers, utilising personal protective equipment where provided and reporting any hazards and/or incidents to Council immediately.	<input type="checkbox"/>
I will ensure that I am not, by the consumption of alcohol or drugs, in such a state as to endanger myself or others.	<input type="checkbox"/>
I understand that I will be required to undergo an induction as part of the volunteering process.	<input type="checkbox"/>
I declare the information contained in this registration is true and correct.	<input type="checkbox"/>
Signature	Date

Office Use Only			
Volunteer Management Officer:			
<input type="checkbox"/> Application reviewed and preliminary assessment undertaken			
Volunteer Program Supervisor:			
Volunteer <input type="checkbox"/> APPROVED / <input type="checkbox"/> DENIED for the following activity:			
_____			
Name		Position	
Signature		Date	
Volunteer Management Officer :			
<input type="checkbox"/> Volunteer entered into Skytrust (Volunteer # V_____) <input type="checkbox"/> Induction and on-boarding actioned			

## **VOLUNTEER AGREEMENT**

This agreement is to ensure you have a clear understanding of your involvement and responsibilities whilst engaged in a volunteer capacity.

I agree to the following conditions and responsibilities:

1. To undertake any voluntary activities with the Coorong District Council of my own free will, without payment (excludes authorised reimbursements) and in accordance with the Coorong District Council Code of Conduct, my Position Description(s) and this agreement.
2. I acknowledge, that for insurance purposes, I am covered by the Local Government Mutual Liability Scheme Personal Accident Insurance, only whilst I am engaged in activities which are supervised or co-ordinated by Coorong District Council staff.
3. To perform all volunteer activities, with due care following established practices, procedures and the instructions of council staff. Should I be asked to perform any activity that I feel I cannot carry out proficiently or safely, I will discuss this matter with my volunteer co-ordinator or supervisor.
4. To report any incident, injury, accident, potential hazard or property damage whilst I am volunteering, as soon as practicable, to my volunteer co-ordinator or supervisor.
5. To uphold a positive image of the Volunteer Program and the Coorong District Council at all times, respect any person I associate with in my voluntary role(s) and fully maintain confidentiality and privacy requirements regarding my role(s), any personal details and council information.
6. To participate in relevant mandatory training as required by the Coorong District Council and abide by all associated legislation and Coorong District Council documentation including, but not limited to; Privacy, Work Health & Safety, Equal Opportunities and Safe Environments for Children and Young People (where appropriate).
7. When required, to fulfil any requirements relating to the completion of any mandatory screening assessment(s). During my tenure as a volunteer with the Coorong District Council, I will advise my co-ordinator of any convictions or allegations of any criminal offence against me

immediately.

8. I grant the Coorong District Council permission to use my likeness, voice and /or words in any media format, to promote the activities of the Coorong District Council Volunteer Program.
9. I accept that the Coorong District Council reserves the right to review my volunteering activity with me and, if necessary, to discontinue my volunteering with the Coorong District Council.
10. I acknowledge, that upon ceasing volunteering with the Coorong District Council, I have no right to any document, artwork or other intellectual property prepared by me in a volunteering role, or information contained in any Coorong District Council communication or file systems.

Volunteer acknowledgement: I have read and understood the Volunteer Agreement	
Name (Please print)	
Signature of Volunteer	Date
Parent/guardian (to be completed only if volunteer is under 18 years of age) I am the legal parent/guardian of ..... and agree to their participation as a council volunteer under the conditions stated.	
Signature of Parent/Guard	Date