



**Private and Confidential**

Contact in case of Emergency	- Contact Name - - Contact Phone Numbers - H - - Relationship to volunteer -	Address - W - Mobile -
Flinders Volunteer Handbook	I have received and read the Flinders Councils Volunteer Handbook, and understand all the information contained in it. <b>Note</b> - Leave this section blank if you have not attended a Flinders Council Volunteer Safety Induction. - Yes - <input type="checkbox"/> No - <input type="checkbox"/>	

In completing this form, you will be providing "personal information" as such it will be treated in accordance with the *Privacy Act 1988 (Commonwealth)* and the *Personal Information Protection Act 2004 (Tasmania)*. Flinders Council is collecting personal information for the purpose of registering you to be a volunteer. The information will only be used for the purpose it was collected and will not be disclosed to any other organisation unless required to do so by law.

**Volunteer Declaration**

As a volunteer, I understand that I will be working on behalf of Flinders Council without remuneration, for its business of supplying services to its local community. I also understand that in doing so I am subject to Flinders Council's Code of Conduct. I also have obligations under current Tasmanian law and Flinders Council Policies and Procedures. In adhering to Flinders Council's Policies and Procedures, I will endeavour at all times to;

- Take reasonable steps for my own safety and that of others that may be affected by my work with all care, skill and diligence;
- Use personal protective equipment in accordance with the established safe work practices of Flinders Council;
- Ensure that I am not, by the consumption of alcohol or drugs in such a state as to endanger myself or others;
- Report any matter, of which I may have concern, to the volunteer supervisor/coordinator;
- Immediately report any accidents/injuries or near misses that involve me or others as soon as practicable to the volunteer supervisor/coordinator.
- Work only within the scope of work and limitations that have been set and outlined to me specifically by a Flinders Council Volunteer Supervisor/Coordinator.
- Keep confidential any information that I may be privy to in the course of my volunteer work for Flinders Council.

I also acknowledge that Flinders Council, through its volunteer supervisor/Co coordinator, may immediately terminate my services at any time for any breaches of its Code of Conduct, Policies or Procedures. I also accept that all of the information I have supplied on this Form is true and correct.

Name of Volunteer (Print) - Signed - Date -

Name of Witness – (Print) - Signed - Date –

**Note – Submission of this Application Form does not guarantee acceptance. Flinders Council reserves the right to accept or reject Applications without explanation. Applicants will be formally notified of their Application's acceptance or rejection.**

**Office use only**

OH&S Induction Date- Inducted by - Signed -

Registration Approval Date - Approved by - Signed -

## Flinders Council Volunteer Role Statement

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*This section to be completed by Flinders Council's Safety & Risk Management Officer or a designated Flinders Council Supervisor/Volunteer Coordinator only.*

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Name of Volunteer –

Flinders Council appreciates the offer of the above named person to provide services to its local community as a Flinders Council volunteer, and accepts the offer only under the conditions as set out below.

Volunteer Work Commencement Date -

Finishing Date -

The position/project you have volunteered for is:

Work is only to be conducted in the following location/s:

Your Council Volunteer Supervisor/Coordinator is:

Name	Phone Contact Number	Council Position/Dept.

**Note - Flinders Council will make no payment to you other than out of pocket expenses.**

**Comments / Other Relevant Information / Conditions.**

Authorisation  
Name (Print) -  
Position -

Signed -

Date-