

Flinders Council Volunteer Registration Form

(Please tick boxes where applicable)

	Private and Confidential Page 1 of 3
Full Name	-
Address	-
Phone Contact Numbers &	Home - Work - Email - Mobile -
Email Address Date of Birth	-
(For Insurance Purposes) Driving Information	Drivers Licence Number - Expiry Date -
	Are you willing to use your vehicle for volunteer work? – Yes - No -
	If Yes - What type of vehicle? – - Is your vehicle comprehensively insured – Yes - No -
	Have you been involved in any accidents, or convicted of any offences relating to the use of a motor vehicle in the last five years - Yes - No -
	If Yes – Please give details -
Employment Details	Retired - Home Duties - FT Student - Self Employed - Other - Other -
Are you currently Are you on WorkCover?	Occupation - or Previous Occupation -
,	Yes - No -
Why do you wish to become a volunteer? Have you been a volunteer before?	Please specify Yes - No If Yes - Please specify -
Skills & Hobbies	Skills – Do you have a First Aid Certificate? – Yes - No -
Please list your relevant skills / hobbies for volunteering	Hobbies -
Are you available on a regular basis?	- Yes - No -
What days and times of the week are you available?	-
Police Records Check	At times volunteers may be required to work in circumstances which involve the acceptance of trust and responsibility for the welfare of the aged, frail and dependent, or young people. In such cases it would be necessary for Council to initiate a Police Records Check for the protection of all parties. If necessary, are you willing to undertake a Police Records Check prior to beginning participation as a volunteer? - Yes - No - N
Medical capacity for volunteering	Do you have a medical condition / disability / restriction that may affect the type of volunteer work undertaken? – Yes - No -
	If Yes – Please specify –
	If required, are you prepared to undertake a medical examination? – Yes - No -

ABN: 75 754 974 669

Private and Confidential

Page 2 of 3

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

In completing this form, you will be providing "personal information" as such it will treated in accordance with the <u>Privacy Act 1988 (Commonwealth)</u> and the <u>Personal Information Protection Act 2004 (Tasmania)</u>. 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- In	ducted by -	Signed -			
Registration Approval	Date - A	pproved by -	Signed -			



Flinders Council Volunteer Role Statement

3

		Page 2 of
This section to be completed by Flinders Council's Safety Supervisor/Volunteer Coordinator only.	/ & Risk Management Officer or a designat	ed Flinders Council
Name of Volunteer –		
Flinders Council appreciates the offer of the community as a Flinders Council volunteer 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	ng location/s:	
Your Council Volunteer Supervisor/Coordin	nator is:	
Name	Phone Contact Number	Council Position/Dept.
Note - Flinders Council will make no page 15 Comments / Other Relevant Information / Condit		f pocket expenses.
Authorisation Name (Print) - Position -	Signed -	Date-