

VOLUNTEER REGISTRATION

RECORD NO :
FILE NO : 12.62.5.1

APPLICANT			
NAME			
ADDRESS		POSTAL	
MOBILE PHONE		ALTERNATE NUMBER	
EMAIL			

DETAILS			
SKILLS OR QUALIFICATIONS (If relevant to volunteering)			
ARE YOU CURRENTLY EMPLOYED?	☐ YES ☐ NO	ARE YOU AVAILABLE ON A REGULAR BASIS?	☐ YES ☐ NO
WHAT DAYS AND TIMES OF THE WEEK ARE YOU AVAILABLE TO VOLUNTEER?			
DO YOU HAVE A CURRENT DRIVERS LICENCE?	☐ YES ☐ NO If 'yes', please state number _____ And type _____		
DO YOU HAVE USE OF A MOTOR VEHICLE? (If willing to use for volunteer work)	☐ YES ☐ NO If 'yes', please state type _____ And insurance details _____		
HAVE YOU BEEN CONVICTED OF ANY OFFENCES RELATING TO THE USE OF A MOTOR VEHICLE IN THE LAST 5 YEARS?	☐ YES ☐ NO If 'yes', please specify _____		
HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS WHILST DRIVING A MOTOR VEHICLE IN THE LAST 5 YEARS?	☐ YES ☐ NO If 'yes', please specify _____		
DO YOU HAVE A MEDICAL CONDITION OR DISABILITY WHICH MAY AFFECT THE TYPE OF VOLUNTEER WORK BEING UNDERTAKEN?	☐ YES ☐ NO If 'yes', please specify _____		
DO YOU TAKE PRESCRIBED MEDICATION IN RELATION TO A SPECIFIED MEDICAL CONDITION?			

DO YOU HAVE A FIRST AID CERTIFICATE?	☐ YES	☐ NO	If 'yes', please specify expiry _____
CAN YOU SPEAK A LANGUAGE OTHER THAN ENGLISH?	☐ YES	☐ NO	If 'yes', please specify _____ _____

EMERGENCY CONTACT	
NAME	
RELATIONSHIP	
MOBILE PHONE	

REFEREE	
NAME	
MOBILE PHONE	

DECLARATION			
I understand I have obligations under Council's WHS Policy and Volunteer Policy and will endeavour to: • Take reasonable care of my own safety and that of others at work • Use personal protective equipment in accordance with the established safe work practices of Council • Ensure that I am not, by the consumption of alcohol or drugs, in such a state as to endanger myself or others • Raise any matter which give cause for concern with the supervisor or volunteer coordinator • Notify any hazard and report any injury to myself or to others as soon as practicable to the supervisor or volunteer coordinator			
SIGNATURE		DATE	

OFFICE USE ONLY – REGISTRATION ACCEPTANCE			
NAME			
ADDRESS			
The Copper Coast Council offers its' thanks to you for offering your services as a volunteer. We wish to confirm that as a volunteer of Council, the following conditions apply: • No payment will be made to you. • The task you have volunteered for is _____ • Your Council supervisor/volunteer co-ordinator is _____ • Only while you are assisting Council in the above mentioned clearly defined activity, and while your assistance is approved and controlled by Council, will you be covered for Public Liability. • While acting as a volunteer, a limited personal accident insurance cover will be provided by Council subject to the terms and conditions of the policy. • Should any injury occur to you while you are acting as a volunteer of Council, you must notify your supervisor or volunteer co-ordinator immediately or as soon as practicable. • 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 supervisor or volunteer co-ordinator. • Under the terms of the Work, Health & Safety Act, you must follow all established practices, procedures and instructions of Council which apply to the tasks you have volunteered to perform. • You are expected to perform the task you have volunteered to perform with all due care, skill and diligence.			
AUTHORISED OFFICER			
SIGNATURE		DATE	

OFFICE USE ONLY – INDUCTION CONFIRMATION			
VOLUNTEER NAME			
DATE OF COMMENCEMENT			
LOCATION OF VOLUNTEERING			
EMPLOYEE COMPLETING INDUCTION			
DATE OF INDUCTION			
INTRODUCTION (<i>explain to the Volunteer about ...</i>) ☐ The industry, nature and structure of Local Government ☐ Roles of key people in Council eg: Mayor, CEO ☐ Jobs, tasks and responsibilities JOB INTRODUCTION ☐ Demonstrate to the volunteer how to do the job safely ☐ Provide required information and supervision ☐ Show location of first aid kit and demonstrate emergency procedures ☐ Show the work area, location of exits, toilet, drinking and eating facilities EMPLOYMENT CONDITIONS APPLICABLE TO VOLUNTEERS ☐ Place of work ☐ Work times and meal breaks ☐ Notification of absence OTHER REQUIREMENTS (<i>explain to and show the Volunteer about...</i>) ☐ Security issues ☐ Code of Conduct Policy ☐ Internet and Email Policy ☐ Hygiene procedures and facilities HEALTH AND SAFETY ☐ Health and Safety Policy and safe work procedures (copy to volunteers) ☐ Roles and responsibilities of people in the workplace ☐ Hazards in the workplace and how they are controlled ☐ How to report health and safety issues (forms available on N/: drive)			
NOTES			
VOLUNTEER SIGNATURE		DATE	
AUTHORISED OFFICER SIGNATURE		DATE	