

## VOLUNTEER REGISTRATION FORM

<b>Area:</b>	Workplace Health and Safety	<b>Document Name:</b>	
<b>Form Owner:</b>	Manager Corporate Strategy and Governance		

### 1. Area in the Roxby Council you are registering to volunteer in

<input type="checkbox"/>	Library General
<input type="checkbox"/>	English Conversation Group
<input type="checkbox"/>	Community Events
<input type="checkbox"/>	Community Youth Centre/Youth Programs
<input type="checkbox"/>	Community Foodie Program
<input type="checkbox"/>	Other

### 2. Reasons for Volunteering

Are you volunteering as part of your obligation for any of the following: **Yes** **No**

<input type="checkbox"/>	Work for the Dole	<input type="checkbox"/>	WorkCover	<input type="checkbox"/>	Other (give details)
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If YES please give the following details

Job Service Provider		Branch	
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### 3. Personal Details

Title		Given Name(s)		Surname	
Date of Birth					
Residential Address					
Postal Address					
Home Phone		Mobile Number		Other Number	
Email Address					

	Yes	No	N/A			
Do you have a current driver's licence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licence No.		Class
Do you hold a current first aid certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expiry Date		
Do you consent to a DCSI clearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Do you consent to a Childsafe certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

### 4. Emergency Contact

Title		Given Name(s)		Surname	
Residential Address					
Home Phone		Mobile Number		Other Number	
Relationship to Member					
Family Doctor (Name and Number)					

5. Medical History (If medical condition or disability – ensure a suitable duty plan and formalise through induction)		
	Yes	No
Do you have a medical condition or disability which may affect the type of work being undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any prescribed medication in relation to a specified medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please specify		

6. Referee Details			
<b>Referee 1</b>			
Name			
Address			
Contact Number		Email Address	
Relationship to Referee			

7. Application Declaration	
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I understand that I have obligations under Council’s Workplace Health Safety and Injury Management Policy and Volunteer Policy and will endeavor 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 that gives cause for concern with my supervisor
- Notify any hazard and report and injury to myself or to others as soon as practicable with my Supervisor
- I understand that as a volunteer I will not be paid for engaging in work for the Roxby Council
- I understand that the referees I have listed will be contacted
- I understand that I will be required to have a full Workplace Health and Safety & training induction prior to commencing volunteer duties

I		<b>declare that the information given in this application is true and correct.</b>
Signature		
Date		
<b>In the case of a volunteer being under the age of 18 years, a parent or authorised guardian must sign as well as the applicant.</b>		
Parent/Guardian’s Signature		
Date		

8. Council Authorisation				
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Approved to Volunteer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signature				
Print Name				
Date				