

# Volunteer Registration Form

Name:

Member:

Member #

Street Address:

Suburb:

State

Postcode:

Telephone:

Email

Date of Birth:

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**Emergency Contact Details:**

Name:

Telephone:

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**Area of Volunteer Work:**

Area:

Library

Comments:

Projects

Research

Branch

Other

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**Proposed Commitment:**

**Qualifications/Experience:**

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**Declaration:**

I hereby agree to be registered as a volunteer with the Society.

I confirm that in signing this form I have read the SAGHS Volunteer Policy.

I confirm that I have read the Terms & Conditions governing volunteers.

I agree to accept and be bound by the Policy and Terms and Conditions.

**Signed:**

**Date:**

## **TERMS AND CONDITIONS GOVERNING VOLUNTEERS**

1 I warrant that the information submitted in my application to be registered as a volunteer or to renew my registration is true and complete in all respects.

2 I accept that the Council (or its delegate) may accept or reject my application to be registered (with or without conditions) as a volunteer or to continue my registration as a volunteer at its absolute discretion and without being under any obligation to provide reasons.

3 I accept that I may be required to renew my volunteer registration as the Council (or its delegate) sees fit from time to time and such renewal application be formally accepted (with or without conditions) or rejected by Council (or its delegate) before I can re-commence voluntary duties.

4 I accept that my assignment as a volunteer is subject to a three-month probationary period during which time I or the Society can terminate this volunteer role for any reason whatsoever. Following the probationary period, I will endeavour to provide the Society with reasonable notice if I decide to resign.

5 I accept that subsequent to the probationary period should my performance prove unsatisfactory then the Society will explain clearly and honestly why this is so and what improvements I need to make. I further accept that should my performance and/or behaviour remain unsatisfactory then the Society may terminate the arrangement. I also accept that my role(s) and involvement as a volunteer may change from time to time.

6 I accept that there is no remuneration associated with this volunteer position. Pre-approved expenses incurred on behalf of the Society will be reimbursed.

7 I agree to comply with all reasonable directions given to me by SAGHS or its delegate(s) in connection with my volunteer activity subject to such directions being lawful and safe. I further agree to comply with all relevant Society Policies, Procedures, Codes of Conduct and Work Instructions of which I am aware.

8 I accept and agree that if I create any new material or any copy, modification or enhancement of any existing material during or in connection with my participation in volunteer activities ("Created Material"), then I assign all intellectual property rights including copyright in Created Material to the Society from the moment it is created. I agree that I will deliver all copies of any Created Material and that I am not entitled to retain any material without the written consent of the Society.

9 I agree to undertake any training the Society deems necessary to ensure my awareness and understanding of relevant Society Policies Procedures, Codes of Conduct, Work Instructions, and other training relevant and necessary to the successful performance of my volunteer role.

10 I accept that it is my responsibility to assess whether I am fit and healthy enough to safely commence or continue any particular volunteer activity, and that this assessment may require me to seek and act on appropriate medical advice. I further agree to consult with the Society (or its delegate) regarding any symptoms, medical conditions or other fitness for work issues or if there is any change in these that may affect my work performance, my safety, or the safety of others in the Society's workplace.

11 I understand and accept that the Society carries accident insurance covering persons engaged at the time in unpaid voluntary work performed on behalf of the Society, excluding any such persons under the age of 12 or over the age of 90. I understand and accept that to the extent any personal risks are not covered by Society policies it is my responsibility to effect and maintain my own insurance to cover such risks.

12 I understand and accept that I am not by virtue of this Agreement an employee, officer or agent of the Society and I must not represent myself as such.

13 I understand and accept that should I receive or become aware of any confidential information regarding the Society, I must keep this information confidential and must not disclose this information or use it except to the extent necessary in performing my volunteer activities. I will return any confidential information to the Society (and destroy/delete any copies in my possession) if it requests me to do this.

14 I understand and accept that should I receive any personal information in the course of my volunteer activities, I must comply with Society privacy policies with respect to the use and disclosure of that personal information.

15 The Society will treat the information I have disclosed in this application as confidential and will not disclose this information to third parties except to the extent necessary in connection with any matters arising from my application or my volunteer activities or by law.

**Office Use Only.**

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**Received:**

By: \_\_\_\_\_ Date:

**Forwarded:**

To: \_\_\_\_\_ Date:

**Accepted by:**

Name: \_\_\_\_\_ Date:

Title: \_\_\_\_\_

**Membership Officer:**

Date Received:

Records Updated: \_\_\_\_\_