



# The Flinders Ranges Council Volunteer Management Procedure

Version	2.0
Issued	May 2018
Next Review	May 2019
GDS	12.70.1.2

## VOLUNTEER INDUCTION REGISTRATION FORM

- Name (Mr/Mrs/Miss/Ms) .....
- Address .....
- Telephone (H) ..... (W).....
- Email .....
- Have you been a volunteer before? Yes  No   
If yes, please specify .....
- Relevant skills or qualifications (if relevant to volunteering) .....

### DRIVING

- Do you have a current driver's licence? Yes  No   
Licence Number ..... Type:.....
- Do you have use of a motor vehicle? Yes  No   
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   
If yes, please specify (name of insurer, policy number).....

### MEDICAL HISTORY

- Do you have a medical condition or disability which may affect the type of volunteer work being undertaken? Yes  No   
If yes, please specify .....
- Are you taking any medication, which may affect the type of volunteer work being undertaken? Yes  No   
If yes, please specify .....

### OTHER

- Do you have a current First Aid Certificate? Yes  No



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If yes, please supply a copy.

12. 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;
- Undertake tasks under the direction and supervision of Council staff;
- Follow Council's WHS policies and procedures
- 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 gives cause for concern with the Worksite Co-ordinator or volunteers Site Supervisor;
- Notify any hazard and report any injury to myself or to others as soon as practicable to the supervisor or volunteer coordinator.

13. I understand that if I use my private vehicle when performing my volunteer duties it is my responsibility to advise my insurance company so that they can advise me of my coverage.

14. I understand that if the nature of my volunteer work requires it, I might be subject to a police check.

15. Contact in case of emergency:

Name .....

Address .....

Contact Number (Telephone) .....

Relationship to volunteer .....

Phone Number .....

**Signed**..... **Date** .....



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## OFFICE USE ONLY

Approved / Not Approved for the following task/activity:.....

Name / Title:.....

Signature:.....Date:.....

Induction Checklist Completed Yes  .. Date \_\_\_\_\_

Volunteers Pamphlet Given: Yes  .....No

Volunteer Register Complete: Yes  ....No

Volunteer Activity Time Sheet Updated: Yes  No

Notes/Other Details:

