

Volunteer Registration Form (Individual Use)

Community Asset Committee Use Only



This form is to be completed by each volunteer and returned to the Committee.

Please retain this completed form for the Committee's records. In addition, completed copies can be returned to Moorabool Shire Council to be archived at:

committees@moorabool.vic.gov.au or
PO Box 18, Ballan VIC 3342

Section 1: Volunteer conditions

1. No payment will be made to you by Council
2. You are covered by the Council's Public Liability and Professional Indemnity Insurance only whilst carrying out an approved activity or task.
3. The Council will compensate you for personal accident whilst carrying out an approved activity or task. The level of cover will be as specified by the Council's Insurer.
4. Should any injury to you or other parties occur while you are acting as a volunteer you must notify a Committee member immediately, or as soon as practicable.
5. You must follow all established legislative compliance related practices, procedures and instructions of the Council or Committee which apply to the tasks you have volunteered to perform.
6. You are expected to perform the task you have volunteered to undertake with all due care, skill and diligence.
7. A Working with Children Check is required for volunteering activities that involve direct (physical or face-to-face contact, or written postal, oral or electronic communication) contact with children. The Committee is responsible for assessing an activity to determine whether [direct contact with children](#) will occur. Council is available to offer support and guidance to the Committee to make this distinction.

Section 2: Onsite Induction

The Community Asset Committee is responsible for providing an onsite induction of the facility where the volunteering will take place.

Induction checklist:

Task	Completed
Show evacuation plan	<input type="checkbox"/>
Explain emergency procedures and emergency exits	<input type="checkbox"/>
Walk to emergency assembly area	<input type="checkbox"/>
Provide emergency phone numbers	<input type="checkbox"/>
Show fire hose reel, extinguishers and fire blanket	<input type="checkbox"/>
Show location of first aid kit	<input type="checkbox"/>
Explain procedure for reporting an incident/ accident/ hazard	<input type="checkbox"/>

- I acknowledge that I understand the volunteer conditions.
- I acknowledge that the onsite induction was completed and all activities were covered.
- I declare that I do not have any medical condition that may affect my volunteer work

Section 3: Volunteer Details:

Volunteer Name	
Phone number	
Email address	
Date of Birth	
Signature	
Date	

For Committee to complete:

Summary of Volunteering duties		
Volunteer Period	Start date	End date
Working with Children Check required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>