



## CONFIDENTIAL VOLUNTEER REGISTRATION FORM Old Mill Guide

<b>PERSONAL DETAILS</b>			
Title	Mr	Mrs	Miss
			Ms
First Name		Middle Name	
Surname		Date of Birth	
Address			
Suburb		Postcode	
Telephone		Mobile	
Email			
Language/s			

<b>EMERGENCY CONTACT</b>			
Name		Relationship	
Telephone		Mobile	

<b>IMPORTANT INFORMATION</b>			
Do you hold a valid driver's licence?		YES / NO	
Licence No	Class	Expiry	
Do you have a Working With Children clearance (WWC)?		YES / NO / Not Required	
Do you have a Police Clearance?		YES / NO	
Notice No		Expiry Date	
Special skills, talents, hobbies you would like to offer as a Volunteer:			
Do you wear a medical alert bracelet?		YES / NO	
Do you have a disability, health issue or medical condition which may affect the type of work you do as a volunteer?		YES / NO	
If yes to either of these questions, please complete the 'Management Plan for Pre-existing Health Issue or Medical Condition' form			

## VOLUNTEER SCOPE OF DUTIES Activity Description

1. **TITLE:** Old Mill Volunteer
2. **DEPARTMENT:** Library Services Department
3. **KEY OBJECTIVE OF POSITION**
  - To provide assistance and information to visitors to the Old Mill.
4. **OUTCOMES FOR THE POSITION**
  - To enhance the visitor experience.
  - To operate as part of a team of volunteer guides to promote the Old Mill as a heritage site.
5. **VOLUNTEER RESPONSIBILITIES**
  - Confirm to the Duty of Care requirements ensuring their own safety and that of others through the prevention of any adverse acts or omissions.
  - To collect visitor donations.
  - Must comply with the safety procedures and directions agreed between management, employee and volunteers or elected safety and health representatives.
  - Must not wilfully interfere with or misuse items or facilities provided in the interests of safety and health of City employees and volunteers.
  - Must report all, including potential hazards and accidents/incidents to their supervisor or safety and health representative.
  - Must not act outside the scope of their duties when volunteering on behalf of the City of South Perth.
6. **KEY DUTIES/RESPONSIBILITIES**
  - Customer Service.
  - Maintain records of number of visitors.
7. **PROFESSIONAL DEVELOPMENT**
  - N/A
8. **RESPONSIBLE TO:** Local History Librarian
9. **SELECTION CRITERIA**
  - Well developed verbal interpersonal and communication skills
  - A current West Australian Police Clearance
  - A commitment to voluntary work.
  - An interest in heritage properties
  - An understanding of the history and significance of the Old Mill (Shenton's Mill)

Signed Department Manager: \_\_\_\_\_ Date: \_\_\_\_\_



## CITY OF SOUTH PERTH & VOLUNTEER AGREEMENT

### **City of South Perth agrees to the following:**

1. To provide information, training and support appropriate to each volunteer position.
2. To provide feedback on the work performance of volunteers.
3. To respect the skills, dignity and individual needs of volunteers and make every effort to ensure satisfaction and mutual respect as an equal partner in the workplace.
4. To accept constructive feedback and suggestions from our volunteers, that may benefit the volunteer programme and our supporting of the community.
5. To keep personal records pertaining to volunteers in a secure area and only forward information to relevant supervisors and staff within the City of South Perth.
6. To provide appropriate public Liability and personal accident insurance cover to City of South Perth volunteers in accordance with the extent of cover and policy requirements specified by the City of South Perth Insurer.

**Signature of Volunteer Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

### **As a Volunteer, I agree to the following:**

1. To carry out the tasks assigned to me as a volunteer by my volunteer supervisor to the best of my ability and to only perform tasks within the scope of my duties as authorised by my volunteer supervisor.
2. To carry out my duties with a non judgemental attitude towards others of different age, gender and cultural origin.
3. To offer my services on the understanding that no financial remuneration outside of authorised expenses will be received in return for them.
4. To provide a copy of my Driver's licence, a Working With Children clearance (as appropriate) and a total of 3 forms of identification.
5. To allow my volunteer supervisor to conduct a Police Clearance check on me.
6. I authorise the City of South Perth to use my photograph for displays and promotional material. I am aware due to bulk printing it may be used for several years.

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_