Southern Cross University
HR Services

Volunteer registration form

Refer to the Volunteer Policy before completing this registration form.
This form must be completed by persons who undertake voluntary activities with the University.

PERSONAL INFORMATION

Name: .....

Current residential address: .....

Telephone number: ..... Driver's licence No.: .....

Person to be contacted in case of emergency: .....

Contact number: .....
(If you are under the age of 18, this registration must be co-signed by your parent or guardian)

VOLUNTEER WORK

Type of volunteer work: .....

Details of skills or qualifications held or previous experience gained that is relevant:

.....

.....

.....

Details of any other information which you consider relevant:

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.....

REFEREES

Referee 1:

Name: ..... Telephone number: .....

Current residential address: .....

Referee 2:

Name: ..... Telephone number: .....

Current residential address: .....

MEDICAL DETAILS

Do you have any medical condition(s) which may impact on you performing the duties for the position?

☐ **Yes** ☐ **No**

If 'Yes', please provide information: .....

.....

Have you suffered any injuries in the past two years which may be aggravated or compounded by undertaking the above work?

☐ **Yes** ☐ **No**

If 'Yes', please provide information: .....

.....

PROBITY DETAILS

Do you have any police convictions or criminal record relevant to the type of work to be undertaken?

☐ **Yes** ☐ **No**

If 'Yes', please provide information: .....

.....

Are you willing and able to undergo a medical examination prior to commencement as a Volunteer if requested to do so?

☐ **Yes** ☐ **No** ☐ **Unsure**

ACKNOWLEDGMENT AND AGREEMENT

- I understand that I am volunteering my services to the University and that I will **not** receive any remuneration for those services.
- I authorise the University to undertake reference checking with the referees provided above about my work, conduct, experience and skills.
- I understand that as a Volunteer, I will not be covered by the University's workers' compensation insurance and that the University will not provide personal accident insurance for me.
- I understand that I am covered by the University's public liability insurance in respect of accidental damage that I may cause to other people or property in the course of providing their services to the University as a Volunteer but that I will be personally liable for any deliberate or negligent damage caused to any person or property whilst working as a Volunteer of the University
- I agree that if this registration is approved that I will only conduct work under the guidance and supervision of the University employee responsible for the area of work.
- I have read the Volunteer Policy and Code of Conduct attached to this application and agree to at all times comply with the provisions of the Volunteer Policy, Code of Conduct, any relevant legislation and all other University policies and procedures that I am inducted in or otherwise informed I must comply with during the course of my engagement as a Volunteer with the University.
- I understand that the University reserves the right to terminate my engagement as a Volunteer at its absolute discretion and/or if I fail to comply with the provisions of the Volunteer Policy, Code of Conduct, any relevant legislation and all other University policies and procedures that I am inducted in or otherwise informed I must comply with during the course of my engagement as a Volunteer with the University.

Where the Volunteer is required to work with children, the following declaration applies:

- I declare that I am not a person prohibited by law from seeking, obtaining, undertaking or remaining in child related employment.
- I acknowledge that acceptance of this registration and any subsequent offer of Volunteer Work made by the University will be subject to satisfying the requirements under the Child Protection (Prohibited Employment) Act 1998 (NSW) or the Children and Young People and Child Guardian Act 2000 (Qld), as appropriate. I understand that it is an offence for a person convicted of a serious sex offence to be engaged by the University as a Volunteer or otherwise and confirm that I will complete the appropriate forms and authorise the University to conduct appropriate checks to satisfy legislative requirements.

I certify that the information provided above is true and correct.

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Applicant's name	*Signature*	*Date*

[Oct12]