



HR Services

Refer to the <u>Volunteer Policy</u> before completing this registration form.

This form must be completed by persons who undertake voluntary activities with the University. This record is to be retained by the Work Unit.

PERSONAL DETAILS
Name:
Current residential address:
Telephone number:
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)
REFEREES
Referee 1:
Name: Telephone number:
Current residential address:
Referee 2:
Name: Telephone number:
Current residential address:
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:

ACKNOWLEDGMENT AND AGREEMENT

- I confirm that I have a right to volunteer in Australia and I am either an Australian or New Zealand citizen or have met the
 appropriate visa requirements.
- I understand the University may conduct a Visa Entitlement Verification Check in order to ensure that by volunteering, I am not
 in breach of my visa conditions.
- 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:
 - 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 my services to the University as a volunteer;
 - o am personally liable for any deliberate or negligent damage caused to any person or property;
 - will not be covered by the University's workers' compensation insurance and that the University will not provide personal accident insurance for me.
- I agree to complete the University's Introductory Workplace Health and Safety training when I commence and I will only provide services under the direction and supervision of a nominated University employee.

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 I have read the <u>Volunteer Policy</u> and <u>Code of Conduct</u>. I agree to comply with the provisions of the Volunteer Policy, Code of Conduct, any relevant legislation and University policies and procedures.

- I understand that the University reserves the right to terminate my services as a volunteer at its absolute discretion.
- If you are required to work with children, the following declaration applies:

I certify that the information provided in this form is true and correct.

- I declare that I am not a person prohibited by law from seeking, obtaining, undertaking or remaining in child related employment.
- I acknowledge volunteering at the University will be subject to satisfying the requirements under the: <u>Child Protection</u> (<u>Working with Children</u>) Act 2012 (<u>NSW</u>); <u>Working with Children</u> (<u>Risk Management and Screening</u>) Act 2000 (<u>Qld</u>); and, any other State or Territory based equivalents., which may include being required to hold a current Working with Children Clearance or Blue Card.
- 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.

..... Applicant's name signature date **WORK UNIT AUTHORITY** To be completed by the volunteer's supervisor: I agree to supervise this volunteer in accordance with the requirements of the Volunteer Policy Period of volunteer work: to Role of the volunteer and duties to be undertaken: Working with children clearance (or state or territory equivalent) required? ☐ Yes ☐ No working with children clearance (or state or territory equivalent) verified and recorded If yes: ☐ advice sought from hr@scu.edu.au Supervisor's name signature date Supported: Head of Work Unit's name signature date

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