Flinders University

Volunteer Engagement Form

v1.3 12/1/2024

This form is to be completed and signed by the Volunteer and the staff member who will be supervising the work of the Volunteer. A copy of the completed form must be retained within the College/Area and made available to the University's Insurance Office or People and Culture on request.

VOLUNTEER DETAILS (to be completed by Volunteer)

Name (BLOCK LETTERS):

Australian Phone/Mobile:

Email:

Australian Residential Address:

Date of Birth:

Emergency Contact Details: **Note:** Emergency contacts must not be participants in this activity

Emergency Contact Name:

Emergency Contact Australian Phone/Mobile:

Alternative Emergency Contact Name:

Alternative Emergency Contact Australian Phone/Mobile:

Medical conditions:

Please outline any physical, medical conditions, disabilities or other fitness to participate concerns, which may affect your health or safety during your field trip and related activities. This information will be treated as confidential and used only to assist in the safe planning and emergency response during the University volunteer activities:

Medical Condition:

Medication:

Allergies:

VOLUNTEER ACTIVITY (to be completed by Volunteer Supervisor)

College/Portfolio:

Area:

Brief details of work/activity in which volunteer will be engaged:

Period of Engagement: From: To:

Hours per week (approx.): Days to be worked:

Do the activities in which the volunteer will be engaged involve working with children, disabled, aged and/or vulnerable persons?

Yes ◯ No ◯

If yes, has the appropriate clearance documentation been provided? Yes ◯ No ◯ N/A ◯

Is the volunteer involved in high risk activities? Yes ◯ No ◯ *If Yes, then the relevant Dean or Portfolio Director must sign below to authorise the volunteer work.*

DECLARATION BY THE VOLUNTEER

- I understand that I am volunteering my services to the University and that I will **not receive any remuneration** for those services.
- I will **obey all reasonable directions** from my supervisor.
- I agree that I must, at all times, take reasonable care of my own safety and take reasonable care that any acts or omissions do not adversely affect the health and safety of others, including physical and psychosocial risks.
- I will undertake any **training** arranged or recommended by my supervisor.
- I will wear appropriate clothing for prevailing weather conditions (sturdy, enclosed footwear and hat are required) or cultural requirements.
- I will not use recreational drugs, and if alcohol is permitted at the site or by the Field Trip Leader, I agree to limit the consumption of alcohol to ensure that I do not endanger my own safety or the safety of any other person. Consumption of alcohol must be in moderation and in line with the expectations of Flinders University drug and alcohol policy.
- I have disclosed details of any **medical or health-related condition or disability** which could impact on my ability to undertake the assigned activities and I hereby **give consent** for medical treatment to be administered to me in the event of a medical emergency.
- I understand that, as a volunteer I am covered for **personal accident insurance** but **I will not be covered** by the University's workers' compensation insurance.
- I also understand that, under the provisions of the *Volunteers Protection Act 2001*, I will **not be held personally liable** for an act or omission conducted in good faith and without recklessness regarding any activity undertaken by me as a volunteer provided that:
    - my ability to perform the tasks is not significantly impaired by my use of **recreational drugs or alcohol**;
    - I act within the scope of activities authorised by the University; and
    - I do not act contrary to instructions given to me by the University.
- I understand that if the volunteer work to which I am assigned involves **working with children, disabled, aged and/or vulnerable persons**, I will be required to obtain the **necessary clearance** in the relevant state/territory before starting the volunteer work. *(See Department of Human Services (SA), Working with children clearance (NT))*
- I understand that I must **not disclose**, disseminate or otherwise make use of **intellectual property or confidential information** relating to the University' affairs, or personal information relating to individuals, that I may have access to during the course of my engagement as a volunteer in the University.
- I understand that the University reserves the **right to terminate** my engagement as a volunteer at its absolute discretion.

More information on volunteers can be found at Volunteers and health and safety.

PLEASE ENSURE YOU SIGN THE FORM AND RETURN TO THE SUPERVISOR BEFORE THE ACTIVITY COMMENCES.
OTHERWISE YOU WILL **NOT** BE ABLE TO PARTICIPATE.

Volunteer Signature: _____ Date: _____

If you are under 18 years old, your parent/guardian/care-giver also needs to sign the form, below.

_____ Date: _____

DECLARATION BY SUPERVISOR

- I understand that volunteers are not employees of the University.
- I am aware of my responsibility to provide induction and proper supervision of the activities to be undertaken by the volunteer, to assess and advise the volunteer of any potential hazards associated with the assigned tasks, and to take appropriate steps, including arranging any required training and instruction, to mitigate any risks through instigation of safe working practices.
- I understand that if the duties to be undertaken by the volunteer are to include working with children, disabled, aged and/or vulnerable persons, their engagement is conditional upon obtaining the necessary clearance in the relevant state/territory before starting the volunteer work.

Volunteer Supervisor (name & position): _____

Supervisor Signature: _____ Date: _____

DECLARATION BY COLLEGE DEAN / PORTFOLIO DIRECTOR (if high risk activity)

I am satisfied that the health and safety risks are being effectively managed for the volunteer.

Dean/Director Name: _____

Dean/Director Signature: _____ Date: _____