



Hindu Society of Victoria (Aust.) Inc.

52 Boundary Road, Carrum Downs, Victoria 3201

Phone: (03) 9782 0878

Reg.: A0001538M ABN: 38 837 454 881

Registration Form for Volunteer Service

This form must be completed by persons who wish to undertake voluntary activities with the Hindu Society of Victoria (Aust) Incorporated, (HSV).

This form is designed to obtain relevant information from individuals who wish to work as volunteers and for the purpose of complying with the HSV's Occupational Health and Safety, Risk Management Strategies and Privacy and Confidentiality laws applicable in Victoria. You would be expected to provide photo ID such as driver's license/passport or any other to verify your identity and address.

PERSONAL INFORMATION

Name:

Residential Address:

Telephone Number: Mobile No.:

Email address:

Name of Person to be contacted in case of emergency:

Contact Number:

VOLUNTEER WORK

Type of Volunteer Work:

When are you available for volunteering? (Please select by ticking in the boxes)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time	AM						
	PM						



MEDICAL ISSUES

Do you have any medical condition(s) which may impact on you performing volunteer work?

Yes/No

If Yes, please provide more information

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

Yes/No

If 'Yes', please provide information:

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PROBITY ISSUES

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:

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Did you or do you have any direct or indirect business dealing/s with Hindu Society of Victoria.

Yes/No

If 'Yes', please provide information:

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ACKNOWLEDGEMENT AND AGREEMENT

- I acknowledge that I have read and accept the contents of the Workplace Behaviour policy manual and the General and Volunteer policy manual.
- I understand that I am volunteering my services to the HSV and that I will not receive any remuneration for those services.
- I agree that I provide the voluntary service on my own will.
- I understand that I am covered by the HSV’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 HSV 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 HSV.
- I agree that I will only conduct work under the guidance and supervision of the HSV’s Committees responsible for the area of work.
- I understand that the HSV reserves the right to terminate my engagement at any time as a Volunteer at its absolute discretion.
- I understand that I can terminate my service at any time with 2 days (two) notice.

Print Full Name:

Signature:.....Date.....

If you are under the age of 18, this registration must be signed by your parent or guardian

Print Full Name of Parent/Guardian:

Signature of Parent/Guardian: Date.....

***Recommended by:**

Print Name:

Signature of the Person:Date:

*The person who undertakes volunteer service must be recommended by a member of the HSV Management Committee or a trust director of the HSV Trust or member of the HSV Past Presidents Council.

<p>For office use:</p> <p>Sighted a Photo ID and verified Name and Address:</p> <p>Verified by:</p> <p>Volunteer number allocated: Date:.....</p> <p>HSV Management endorsement:</p>
