

Friends of the Library Application/Registration Form

*This form is to be completed by all volunteers
Completion of this form does not infer in any way that a placement will be offered to
the applicant.*

*The omission of relevant information or provision of false information may lead to
this application not being considered further or removal from the volunteer program
where a placement has commenced.*

Applicant Details:

Full Name:

.....
(Given Names) (Family Name)

Date of Birth:(Mandatory if under eighteen years of age)

Address:.....

.....
(please include an e-mail address if you have one)

Telephone.....
(home) (work) (mobile)

Emergency contact in the case of illness or injury:

Name:

Relationship:.....

Telephone:
(home) (work) (mobile)

What type of volunteer activity do you want to undertake?

.....
.....
.....

Please indicate your availability: (write 'yes', 'no', or 'occasionally' as applicable in each box.)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Do you have any previous work/volunteer experience, paid or unpaid? **Yes/No**

If yes, please describe:

.....

Do you have a Current Drivers Licence? **Yes/No**

If yes, what type? Expiry Date:

Do you have any qualifications, skills or training? **Yes/No**

If yes, please describe:

.....

Referees: Please provide details of at least one person who can act as a personal referee.

Name:

Relationship:.....

Telephone Contact:

Some volunteer programs may provide you with access to sensitive or personal information about the **Cairns Regional Council's** clients. If this is the case you may be asked to undertake a Police Security Check. If so, do you have any objection to the **Cairns Regional Council** undertaking this check? **Yes/No.**

Before such a check is undertaken you will be asked to complete further documentation and give your consent to such a check. You will not be asked to undertake a Police Security Check where it is not relevant to your participation in the volunteer program.

Do you have any physical or mental impairment or condition that may affect your ability to do certain types of activities or be affected by certain types of activities? **Yes/No**

If yes, please describe any restrictions:

.....

Do you have any objection to the **Cairns Regional Council** arranging a medical examination to determine your fitness for certain activities either prior to or during your volunteer placement? **Yes/No.**

(Cairns Regional Council will meet the cost of any medical examination it deems necessary)

If yes, please advise any restrictions:

.....

Friends of the Library Volunteers' Rights and Responsibilities

Please read the following so that you understand your rights and responsibilities.

Volunteering is a mutual arrangement and as such any agreement to undertake activities on behalf of the *Cairns Libraries and Cairns Regional Council* are done so only with the consent of the volunteer. Notwithstanding the above either party may terminate the arrangement at any time by notification to the other party.

No payment will be made for any volunteer activity undertaken. The undertaking of volunteer activity does not create any right or expectation of future paid work.

An Officer of the *Cairns Libraries* is appointed to direct and supervise the activities of volunteers and you are expected to undertake all reasonable requests and directions given in order to perform tasks and activities by your appointed Program Co-ordinator.

If you are unable to undertake or complete any assigned task or activity, or where you are unsure of how tasks are to be performed, you are to seek clarification from your Program Co-ordinator.

Where your activities are part of a roster you should notify your Program Co-ordinator if you are unable to attend on any day that you are expected to attend.

You are expected to be courteous at all times to staff, the public and other volunteers.

You will be advised of appropriate dress requirements for the tasks you will undertake and be expected to dress appropriately, including wearing Safety Boots where required. *Cairns Regional Council* will provide any personal protective equipment, other than Safety Boots, required to be worn during your placement.

Under the Workplace Health and Safety Act 1995 you must follow reasonable direction given by the *Cairns Regional Council*, its agent or representative in regard to safety practices and procedures. Under the Act you are also expected to take reasonable responsibility for your own health and safety as well as the health and safety of others.

Any plant, property or equipment that is provided for use during your placement is only to be used to undertake tasks assigned to you and remains the property of the *Cairns Regional Council* at all times.

The *Cairns Regional Council* will indemnify you for any damage to plant, property or equipment used by yourself in undertaking assigned tasks, other than where you wilfully or deliberately cause that damage.

While undertaking tasks under the direction of the *Cairns Regional Council*, its agent or representative you will be indemnified by the *Cairns Regional Council's* Public Liability Insurance for any injury or damage caused by your actions, other than where you wilfully or deliberately cause that injury or damage.

While under the *Cairns Regional Council's* direction you will be covered by a limited accident insurance cover, subject to the terms of the policy. (Details of the policy are available upon request.)

Should you suffer any injury you must notify your Program Co-ordinator immediately.
 Should you become aware of an injury to another party or of damage to property you must notify your Program Co-ordinator.

In the event of illness or injury, the **Cairns Regional Council** will take all reasonable steps to notify the person(s) nominated on this form as soon as possible.

In the event of illness or injury, while on the placement,

I,
 (applicant's name)

authorise the **Cairns Regional Council**, its agent or representative to arrange whatever medical treatment is appropriate and arrange transport to a suitable facility for that treatment. I understand that any costs incurred will be my responsibility other than where the costs have arisen directly from my involvement in the volunteer program

I hereby acknowledge that I have read and understood the above rights and responsibilities and agree to abide by these provisions.

..... / /
 (Name – please print) (Signature) (Date)

..... / /
 (Witness – please print) (Signature) (Date)

Parent/Guardian

Where a person wishing to undertake volunteer activities is under 18 years of age they will only be placed with the agreement of their parent or legal guardian.

I acknowledge having read and understood the foregoing rights and responsibilities in relation to:

.....

undertaking volunteer activities at the **Cairns Libraries**

As the parent/guardian of the applicant I agree to their involvement in the volunteer program.

Parent/Guardian

..... / /
 (Name – please print) (Signature) (Date)

..... / /
 (Witness – please print) (Signature) (Date)