

SEACLIFF COMMUNITY RECREATION ASSOCIATION INCORPORATED

Volunteer Membership Form

Insert Member Group is pleased to accept your offer to provide volunteer services to Seacliff Community Recreation Association Incorporated in accordance with the terms set out in this agreement.

Name of Volunteer	
Address	
Contact Phone	
Email	

Description of services you would like to offer support as a volunteer:

- ☐ Coaching
- ☐ Judging
- ☐ Administration
- ☐ Events
- ☐ Professional services
- ☐ Costumes
- ☐ Committee Member
- ☐ Setting up / Packing away
- ☐ Not specified
- ☐ Other (describe)

Term	Date to Date or Season
Expense reimbursement	If eligible for reimbursements, it needs to be approved by Member Group's Finance Officer once receipts are presented
Termination	This agreement may be terminated by either party at any time

Please state your qualifications/skills/professional membership information relevant to undertaking the above volunteer support services.

Qualifications	
Registrations	
Memberships	
Summary of experience	

Declaration

I have offered my services as a volunteer to the above **insert Member Group** and agree that;

1. The information stated above is correct.
2. I have the appropriate skills, qualifications and experience to undertake the voluntary role/s indicated above.
3. I have provided a copy of a current WWCC or DCSI which allows me to work safely with children.
4. I understand and accept that no professional fees will be paid for my provision of Services as a volunteer. However, I may be reimbursed for incidentals and anticipated expenses associated with my volunteer role.
5. I have read, understood and accept the terms of this agreement including the attached terms & conditions.
6. I agree to abide by SCRA Constitution, SCRA Member Rules, SCRA policies as listed on www.seacliffrec.org.au and SCRA Mission statement as a volunteer at Seacliff Community Recreation Association Incorporated.

Signed for and on behalf of the Volunteer

Name of Signatory (if the volunteer is under 18 years)

Volunteers name

Date

Signature: _____

Signed for and on behalf of **insert Member Group**

Name

Position

Date

Signature: _____

PERSONAL RECORD - VOLUNTEER MEDICAL PROFILE

Personal Details

Surname _____ Given Name(s) _____

Address Number _____ Street/Road _____

Suburb _____ Postcode _____

Phone: Home _____ Mobile _____ Work _____

Email: Home _____ Work _____

Sex: M ☐ F ☐ Date of Birth: _____ Age: _____

Emergency Contact

Surname _____ Given Name _____

Phone: Home _____ Mobile _____ Work _____

Relationship to above _____

Health Care Details

Medicare Number _____

Are you a member of a Private Health Insurance Fund? Yes ☐ No ☐

If yes: Fund Name _____ Member Number _____

Do you have Ambulance cover? Yes ☐ No ☐

Doctor/GP Name _____ Telephone _____

Address Number _____ Street/Road _____

Suburb _____ Postcode _____

Dentist Name _____ Telephone _____

Address Number _____ Street/Road _____

Suburb _____ Postcode _____

Certain medical conditions or previous injuries may influence your ability to participate in sport. Examples of these include but are in no way limited to:

- Asthma
- Diabetes
- Epilepsy
- Spinal Injuries

- Arthritis
- Previous Injuries

If you have any pre-existing conditions or any concerns about participating, we would encourage you to seek medical clearance from your doctor prior to participating in sport.

Do you have any conditions that you, in consultation with your doctor, consider appropriate to notify the club / organisation of e.g. Previous injuries, medical conditions or allergies?

If so, please list here:

If I require medical treatment as a result of an emergency or accident, I authorise Seacliff Community Recreation Association Incorporated officers to arrange any medical assistance that may be required and I agree to pay all associated costs involved, including ambulance or other conveyancing considered necessary by those in authority.

Signed: _____

Date: _____

PRIVACY STATEMENT

- The information provided may be disclosed to health care providers, your Member Groups own Chairperson, your Member Groups Head Coach, and sports first aiders and may also be viewed by Seacliff Community Recreation Association Incorporated Executive Committee Members.
- We may also have to disclose information to our state or national sporting body, professional advisers and insurer.
- The information you have provided may be used by the club to contact you regarding club matters and may be used by the club for fundraising and direct marketing purposes.

If for any reason you do not wish your personal details to be used for any these purposes you should notify the club in writing.

If you do not provide us with any or all of the personal information that we request, or agree to it being used for some purposes, then you may not be able to participate in our activities, functions, events or play sport in any of our teams.

TERMS & CONDITIONS

1.0 WELCOME

Insert Member Group welcomes you to our volunteer team at Seacliff Community Recreation Association Incorporated and hope that you will have a rewarding association with us.

2.0 CODE OF BEHAVIOUR

The following standards are required when interacting with members, parents and other people you may come into contact during your involvement with **Insert Member Group**.

1. Take responsibility for your actions being a positive role model at all times.
2. Commit to providing a quality service to **Insert Member Group** members.
3. Be fair, considerate and honest in all dealing with others.
4. Show concern and caution towards others who may be sick or injured.
5. Be aware of, and adhere to **Insert Member Group** and Peak Body Industry standards, rules, regulations and policies.
6. Operate within the spirit of the rules, never taking an unfair advantage and making informed and honourable decisions at all times.
7. Demonstrate a high degree of individual responsibility especially when dealing with persons under 18 years of age, as your words and actions are an example.
8. Avoid unaccompanied and unobserved activities with persons under 18 years of age, wherever possible.
9. Refrain from any behaviour that may bring the **Insert Member Group** or **insert sport** industry into disrepute.

3.0 SKILLS

Volunteers are obligated to provide accurate and lawful information about their capacity to meet their volunteering role/s including current qualifications, legal eligibility to work, police record and professional registrations/membership status.

Please notify the **Insert Member Group** as soon as possible if this information changes during the course of your association with the **Insert Member Group**.

4.0 VOLUNTEER LEGAL STATUS

Please be aware that this agreement does not set up or create any agency, employer-employee relationship or a partnership of any kind. As a volunteer, you are not an agent or employee of the **Insert Member Group** or Seacliff Community Recreation Association Incorporated nor are you able to represent yourself to a third party as such.

5.0 FEES

As a volunteer, you will not be paid for your services.

However, in some instances, **Insert Member Group** may agree to reimburse you for travel and meals expenses incurred during the course of your voluntary duty. In such case, receipts will be required so that payments can be made.

6.0 DRESS

Volunteers are expected to be suitably attired and groomed during working hours or when representing the **Insert Member Group**.

Volunteers whose roles involve contact with athletes must not wear jewellery that could be caught, tangled or ripped.

7.0 PUNCTUALITY

As a volunteer, we expect that you are busy and may not be able to meet a pre-arranged commitment with our **Insert Member Group**.

In such case, can you please let the **Insert Member Group** know of your absence at your earliest convenience so a replacement can be found if needed.

8.0 HEALTH & SAFETY

As health and safety is of significant importance to **Insert Member Group**, volunteers are required to ensure your personal health and safety as well as the health and safety of athletes and others involved in activities associated with **Insert Member Group**.

9.0 EQUAL OPPORTUNITY & ANTI-DISCRIMINATION

Insert Member Group seeks to provide a culture of fairness and equal opportunity.

We are also taking continual positive action to ensure an environment free of discrimination.

As such, volunteers are required to comply with State and Federal legislation that aims to encourage equal opportunity and prevent discrimination during employment on the basis of age, breastfeeding, carer status, disability/impairment, sex, gender identity, sexual activity, marital status, parental status, political belief or activity, pregnancy, race, religious belief or activity.

10.0 HARASSMENT, BULLYING & VIOLENCE

Insert Member Group expects that volunteers will not use inappropriate language or abusive, hostile, threatening, violent, harassing or bullying behaviours toward athletes, parents, spectators, staff or officials.

11.0 CONFIDENTIAL INFORMATION & PRIVACY

Volunteers must keep confidential and not disclose to any third party and/or unauthorised person any information which comes to their knowledge during the course of engagement with the **Insert Member Group**, including (but not limited to) member information and **Insert Member Group** and Seacliff Community Recreation Association Incorporated procedures and documents.

This requirement applies during and after your association with **Insert Member Group**.

12.0 INTELLECTUAL PROPERTY

Patents, trademarks, copyrights and trade secrets are considered intellectual property and are valuable **Insert Member Group** assets. Volunteers have a moral and legal obligation to protect them even after their association with **Insert Member Group** ceases.

13.0 CONFLICT OF INTEREST

Volunteers must notify the **Insert Member Group** if you are involved with any other **insert sport** organisations during the course of your association with **Insert Member Group**.

14.0 TERMINATION OF AGREEMENT

This agreement may be terminated by either party at any time.

15.0 MAKING A COMPLAINT

If you wish to make a complaint about any aspect of **Insert Member Group** or Seacliff Community Recreation Association Incorporated operations, please notify the **Insert Member Group** Chairperson or Seacliff Community Recreation Association Incorporated Secretary in writing of your concerns indicating the actions and outcomes you expect **Insert Member Group** Chairperson or Seacliff Community Recreation Association Incorporated to take to resolve your complaint or grievance.

16.0 COPY

A copy of this form is to be forwarded to Seacliff Community Recreation Association Incorporated Treasurer and Member Group Chairperson. Volunteer to keep a copy for their own records.

17.0 XXXXXXXXXXXX

Member Group to add any specific items relating to the role