

## VOLUNTEER REGISTRATION

### Contact Details

Title:	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		State	<input type="text"/>	
Address:	<input type="text"/>		State	<input type="text"/>	
Phone:	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>
Date of Birth:	<input type="text"/>	Email:	<input type="text"/>		
Emergency Contact:	<input type="text"/>	Address	<input type="text"/>		

### Area of Volunteering

- Working Bees       Gift Wrapping       Fundraising Events

### Health History

Some positions may entail repetitive actions and/or physical work involving manual handling/ lifting.

Do you have or have you had a disability, injury, impairment or illness which may affect your ability to carry out the duties of the position you are volunteering for?       Yes       No

If yes, please provide details:

## Clearance

All Somerville volunteers require a Working with Children Clearance (Ochre Card). Please attach a scanned copy of your Ochre Card, or receipt as proof of application.

If you do not hold an Ochre Card, please visit:

<https://nt.gov.au/emergency/community-safety/apply-for-a-working-with-children-clearance>

We recommend that you lodge the application in person at the SAFE NT Office, Ground Floor, 37 Woods Street, Darwin. This office provides a free photographic service to applicants which eliminates the cost of providing a passport photo.

Alternatively you can apply online.

The cost of the Ochre Card for volunteers is \$7.

## Agreement

In taking a Volunteering role at Somerville Community Services, I agree to the following:

1. Somerville Community Services Inc can use any film footage, photographic imagery or sound recording taken of me for use in any of Somerville Community Services Inc's advertising, promotions or social media.
2. To abide by Somerville Community Services Code of Conduct (refer to copy attached).

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Confidentiality

I will not at any time either during my time as a volunteer at Somerville Community Services Inc or thereafter divulge confidential information, which I may have acquired during my time with this organisation

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Attached: Somerville Community Services Inc. Code of Conduct  Yes  No

Volunteer registration accepted:  Yes  No

Volunteer contacted in writing:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_