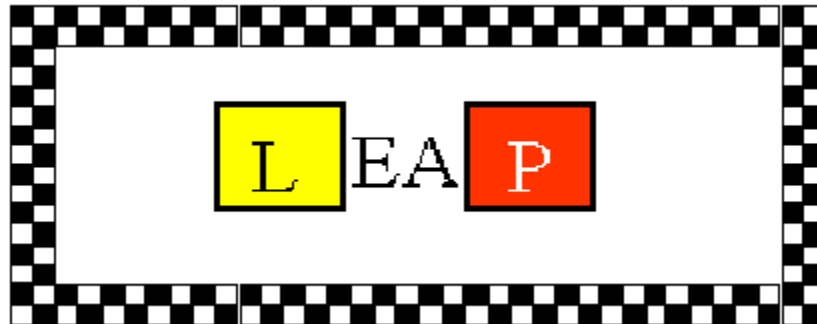


BATHURST INFORMATION AND NEIGHBOURHOOD CENTRE
LEAP VOLUNTEER REGISTRATION FORM



Thank you for wanting to volunteer for the LEAP program. We would appreciate if you fill out all the forms provided. Please return your filled out forms as soon as possible, the faster you get the information back to us the faster we can get you all set up for your volunteer role.



Bathurst Information & Neighbourhood Centre Inc.
Bathurst NSW 2795 Po Box 1469
Phone: 02 6332 4866 Fax: 02 6332 1244
Mob: 0427 298 524
Email: lisa@binc.org.au

BATHURST INFORMATION AND NEIGHBOURHOOD CENTRE
LEAP VOLUNTEER REGISTRATION FORM



Job Description

Title: Volunteer Driving Supervisor

Supervisor: The Manager and Program Coordinator

Works with: The Manager/Program Coordinator
LEAP Coordinator
LEAP participants
Other volunteers

Duties and Key Responsibilities:

- Fill in log books
- Include participants in the monitoring of oil, water and fuel levels before each use.
- Support participants
- Deliver specified requirements as directed
- Attend training days as scheduled
- Assist participants to drive in a safe manner
- Assist participants to complete driving hours
- Maintain a safe work environment
- Work to the policies and processes, guidelines and legislations
- Maintain a positive working relationship as part of the team
- Manage workload as directed
- Maintain confidentiality

Skills required:

- Ability to work as part of a team
- Ability to support Staff and follow directions
- Ability to assist with or present activities as directed
- Patience and tolerance
- Ability to be nonjudgmental
- Willingness to work unsupervised
- Ability to work within the guidelines and legislation appropriate to position
- Common sense
- Problem solving skills
- Flexible, reliable, dependable and punctual
- Ability to understand and to respect cultural differences
- Agreeable to entering trial period
- **Training Requirements:**
 - Attend an initial induction and orientation session with Manager/Coordinator
 - Attend volunteer meetings
 - Gain an understanding of the needs of the LEAP participants
 - Attend relevant training days
 - Attend in-services as scheduled

BATHURST INFORMATION AND NEIGHBOURHOOD CENTRE
LEAP VOLUNTEER REGISTRATION FORM



Volunteer Agreement

I, _____ (print name)

- verify that I have received all documents in the Volunteer handbook/Orientation pack.
- agree to Bathurst Information and Neighbourhood Centre (BINC) initiating a routine Police Check and RTA printout.
- give permission for Bathurst Information and Neighbourhood Centre (BINC) to maintain on file, my personal information, relevant to my voluntary duties, which may be accessed by relevant staff members of Bathurst Information and Neighbourhood Centre (BINC) in the case of an emergency. I understand that this information will not be given to any other person or agency unless I give my specific permission.
- agree that I have been shown and I am aware of my rights and responsibilities as a volunteer with Bathurst Information and Neighbourhood Centre (BINC) and I agree to abide by them.
- understand that photographs may be taken by and of people participating in activities with Bathurst Information and Neighbourhood Centre (BINC). I understand that it is my responsibility to remove myself if I do not wish to appear in photographs.
- agree to abide by the philosophy of Bathurst Information and Neighbourhood Centre (BINC) and to represent the organisation in a positive way.
- will not take illegal drugs or consume alcohol whilst engaged in volunteer activities or be under the influence of the same whilst engaged in volunteer activities.
- agree to work in a manner that is safe to myself, other volunteers, paid staff and members of the public. (Duty of care)
- agree to follow grievance procedures as set out by Bathurst Information and Neighbourhood Centre (BINC).
- agree to support a non-discriminatory and harassment-free work environment.
- agree to treat clients, staff and volunteers with respect, courtesy and consideration.
- agree to participate in essential orientation and ongoing training arranged by Bathurst Information and Neighbourhood Centre (BINC) as required.
- agree to accept guidance, direction from the person to whom I am responsible in my voluntary role.
- work as part of a team.
- agree to sign the Attendance Register at each volunteering session.
- agree to inform the program coordinator if I am unable to attend a rostered session.
- agree to inform the Coordinator/Manager if I am unable to continue as a volunteer.
- agree to a 3 month review of the volunteer role, leading to a mutual evaluation of the suitability of the role for me.
- agree to keep all BINC and personal information of program participants confidential.

Volunteer's signature

Date

Coordinator's signature

Date

BATHURST INFORMATION AND NEIGHBOURHOOD CENTRE
LEAP VOLUNTEER REGISTRATION FORM



Confidentiality Agreement

Whilst working as a volunteer with Bathurst Information and Neighbourhood Centre (BINIC) you may be required to collect personal information or to have access to personal information on participants, staff other volunteers and their families. This information must be kept confidential at all times.

It is the responsibility of all Bathurst Information and Neighbourhood Centre (BINIC) volunteers to maintain the confidentiality and privacy of all clients, staff, volunteers and organisational information to which they have access. This includes ensuring the security of (*documents, files, computer data, photographs, technical data and other information*) which is the property of Bathurst Information and Neighbourhood Centre (BINIC).

If you have any questions regarding confidential information please seek prior advice from _____

I, _____
(Print name)

agree that I will maintain at all times the confidentiality of all privileged or proprietary information to which I am exposed whilst working as a volunteer with Bathurst Information and Neighbourhood Centre (BINIC), whether this information involves a client, a paid staff person or other person, or involves overall agency business.

I agree that should I be uncertain about the appropriate use of confidential information, I am to discuss this with the program coordinator.

Volunteer's signature

Date

Coordinator's signature

Date

BATHURST INFORMATION AND NEIGHBOURHOOD CENTRE
LEAP VOLUNTEER REGISTRATION FORM



Volunteer Driving Supervisors Application Form

Surname: _____

First Name: _____ Other name/s: _____

Previous/other names/maiden name: _____

Date of birth: _____ Sex: *Please circle* Male / Female

Address: _____

Town/suburb: _____ State: _____ Postcode _____

Phone (BH) _____ Phone (AH) _____

Licence Number: _____ Expiry Date: _____

Emergency contact details (Please supply details for 2 emergency contacts. These should be responsible adults who, for example, can assist you to travel if necessary)

1.Name: _____

Address: _____

Town/suburb: _____ State: _____ Postcode _____

Telephone (BH) _____ Telephone (AH) _____

Mobile: _____

2.Name: _____

Address: _____

Town/suburb: _____ State: _____ Postcode _____

Telephone (BH) _____ Telephone (AH) _____

Mobile: _____

BATHURST INFORMATION AND NEIGHBOURHOOD CENTRE
LEAP VOLUNTEER REGISTRATION FORM



Volunteer Driving Supervisors Application Form - page 2

Volunteer Availability

Preferred days/times of volunteering

DAY	9.30 - 10.30am	11.00 - 12.00am	1.00 - 2.00pm	2.30 - 3.30pm	4.00 - 5.00pm	5.30 - 6.30pm	7.00 - 8.00pm
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Volunteer's Specific Needs:

Do you have any impairment or condition that could be aggravated by doing the tasks listed in the Job Description? Yes / No (please circle)

Details: _____

Referees

Please nominate two referees e.g. long term neighbours, ministers, employers, adult educators (excluding family members)

It is important that you seek permission from your proposed referees before *BINC* contacts them.

Please note that referees will be contacted by *Lisa Pierce, Alison Charters or Mick Winch*.

1.Name: _____

Telephone: (BH) _____ Telephone (AH) _____

Mobile: _____

2.Name: _____

Telephone: (BH) _____ Telephone (AH) _____

Mobile: _____