

# ORGANISATION REGISTRATION FORM

## Volunteering Central West



*Volunteering Central West (VCW) is a program of  
The Neighbourhood Centre Bathurst*

We are committed to:

- Supporting organisations to implement best practice in volunteer management in accordance with *The National Standards for Volunteer Involvement 2015*
- Promoting volunteering and working with organisations to diversify volunteering opportunities in order to boost recruitment and retention.

**Fill out this form if you would like us to be able to promote your volunteering opportunities and refer potential volunteers to your organisation.**

**Today's date:** [Click here to enter a date.](#)

**Organisation Name:** [Click here to enter text.](#)

**Organisation type:**  Commonwealth Government     State Government  
 Local Government     Incorporated     Not Incorporated     Other

**Brief organisation description:** [Click here to enter text.](#)

**Physical address:** [Click here to enter text.](#)

**City/Town:** [Click here to enter text.](#)

**STATE:** [Click here to enter text.](#)

**POSTCODE:** [Click here to enter text.](#)

**Postal address (if different from above):** [Click here to enter text.](#)

**City/town:** [Click here to enter text.](#)

**STATE:** [Click here to enter text.](#)

**POSTCODE:** [Click here to enter text.](#)

**Contact Person:** [Click here to enter text.](#)

**Phone:** [Click here to enter text.](#)

**Email:** [Click here to enter text.](#)

**Website:** [Click here to enter text.](#)

### **CONTACT DETAILS FOR POTENTIAL VOLUNTEERS**

This is the person with whom you would like potential volunteers to make contact.

ONLY PROVIDE DETAILS OF THE CONTACT METHODS YOU WISH POTENTIAL VOLUNTEERS TO USE.

**Contact Name:** [Click here to enter text.](#)

**Phone:** [Click here to enter text.](#)

**Email:** [Click here to enter text.](#)

**Address:** [Click here to enter text.](#)

The following questions relate to Volunteering Australia's *National Standards for Volunteer Involvement 2015* which can help you plan effective volunteer programs and emphasise best practices for protecting the rights of volunteers. Visit [www.volunteeringaustralia.org](http://www.volunteeringaustralia.org) to learn more.

### **INSURANCE**

The *National Standards* maintain that, to comply with legislation and duty of care when involving volunteers, organisations provide appropriate and adequate insurance cover for volunteer staff. VCW cannot promote your volunteer positions on Go Volunteer unless your organisation holds both of the following types of insurance. More information can be found at <http://www.volunteeringaustralia.org/policy-and-best-practise/insurance/>

#### Public Liability Insurance

**Insurance Provider Name:** Click here to enter text.

**Policy number:** Click here to enter text.

**Expiry date:** Click here to enter text.

#### Volunteer Personal Accident Insurance

**Insurance Provider Name:** Click here to enter text.

**Policy number:** Click here to enter text.

**Expiry date:** Click here to enter text.

**Your answers to the following questions will enable potential volunteers to make informed choices.**

### **WORK HEALTH AND SAFETY**

**Does your organisation have practices in place to actively ensure the health and safety of your volunteers?**

This could include conducting adequate risk assessments on work locations, providing training and orientation of safe working practices and ensuring availability of adequate first aid and emergency equipment, having policies to define how WHS is ensured, etc.

YES  NO

VCW can provide you with resources and training to help you ensure a safe working environment.

### **VOLUNTEER POLICY**

**Does your organisation have a volunteer policy?** YES  NO

VCW can help you write or review your volunteer policies to document why and how volunteers will be involved in the organisation.

### **OFFICIAL CHECKS**

**Does your organisation conduct any of the following checks?**

National Police Check    Working with Children    Reference    Medical    Driver Licence

### **ACCESSIBILITY**

**Are your premises accessible to people with wheelchairs or limited mobility?** Y  N

**Are you able to assist Centrelink clients with some or all of their placement hours?** Y  N

**Is your organisation approved to support Work and Development Order clients?** Y  N

**NAME OF PERSON SUBMITTING THIS FORM:** Click here to enter text.

✓ ALL DONE.

**You will need to complete a Volunteer Position Listing form for each different volunteer position you have in your group or organisation.**

**Looking forward to working with you,**

**The team at VCW**

*Volunteering Central West* – 02 6332 4866 – [vmp@binc.org.au](mailto:vmp@binc.org.au) – PO Box 1469, Bathurst 2795