



Volunteering Central West

Organisation Registration

PLEASE PRINT

Organisation name: _____

Organisation type: _____

E.g. arts, education, sports, etc.

Contact Information

Contact person: _____

Street address _____ Postal address _____

Address: _____ Address: _____

Town: _____ Town: _____

State: _____ Postcode: _____ State: _____ Postcode: _____

Telephone: _____ Fax: _____

Email: _____

Web address: _____

Volunteer Personal Accident Insurance

Are your volunteers covered by Volunteer Personal Accident insurance? Yes No

Insurance company name: _____

Policy number: _____ Expiry date: __ / __ / __

Public Liability Insurance

Does your organisation have Public Liability Insurance? Yes No

Is your Public Liability insurance policy coverage for \$10,000,000? Yes No

Insurance company name: _____

Policy number: _____ Expiry date: __ / __ / __

Work Health & Safety

Does your organisation have an WHS policy for volunteers? Yes No

Police and Reference Checks

Does your organisation **conduct** Police Checks? Yes No

Does your organisation **conduct** Reference Checks? Yes No

Nonprofit status

Is your organisation a non-profit organisation? Yes No

Access for a disabled volunteer

Would your organisation accept people who have a disability? Yes No

Are your premises e.g. toilets / kitchen wheelchair accessible? Yes No

Centrelink clients

Would you be able to assist Centrelink clients with 32 hours per fortnight placement in your organisation? Yes No

If not all, would you be able to assist Centrelink clients with some of their hours?
 Yes No

Does your organisation's current insurance policy cover Volunteer Work Initiative and Mutual Obligation clients from Centrelink? Yes No

I acknowledge that Volunteering Central West depend on the above details provided to enable service delivery, therefore care has been taken to ensure that the information provided is accurate. If there is a change to the information, I will advise Volunteering Central West so that they may amend their records.

Authorising/contact person signature

***Thank you for completing this form,
please return it to:***

Volunteering Central West
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Bathurst NSW 2795
Email: vmp@binc.org.au
Ph: (02)6332 4866
Fax: (02)6332 1244