

**Volunteering Central West****VOLUNTEER REFERRAL SERVICE REGISTRATION****Organisation Name:**

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

These questions are related to Volunteering Australia's *National Standards for Involving Volunteers in Not for Profit Organisations* which help you plan effective volunteer programs and emphasise the need to protect the rights of volunteers. Visit [www.volunteeringaustralia.org](http://www.volunteeringaustralia.org) to learn more about the rights of volunteers.

**INSURANCE**

The *National Standards* maintain that, to comply with legislation and duty of care when involving volunteers, organisations provide appropriate and adequate insurance coverage for volunteer staff.

More information can be found at <http://www.volunteeringaustralia.org/policy-and-best-practise/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.....

<i>Updated?</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>
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**Are your volunteers covered by Volunteer Personal Accident Insurance?** YES NO

Insurance company name.....

Policy number.....Expiry date.....

<i>Updated?</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>
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**Does your organisation have a WHS policy for volunteers?** YES NO

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

(VCW can help you write or review your volunteer policies)

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**Volunteering Central West****VOLUNTEER REFERRAL SERVICE REGISTRATION (continued)**

Organisation Name:



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The answers you provide to the following questions are only used by potential volunteers for the purpose of making an informed choice for themselves, they are not requirements for involving volunteers.

**Does your organisation conduct any of the following checks?** (circle)

Criminal history checks

Reference checks

Working with children checks

**Are your premises accessible to people with wheelchairs or with 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 eligible clients?** Y N

**Contact details to be provided to potential volunteer:**

Only provide details for the contact information you wish potential volunteers to use.

Preferred contact method? PHONE EMAIL IN PERSON

Contact Name.....

Phone.....Email.....

Address.....

**By signing this form, I confirm that I have the approval to sign this document and that the information given is correct and up to date:**

Name.....

Signature.....Date.....

***Please return completed forms to:***

**Volunteering Central West**

The Neighbourhood Centre Bathurst

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