



Private and Confidential VOLUNTEER PARTICIPATION FORM



Welcome to the Kerang Neighbourhood House

We would like to know a bit more about your interests so we can keep you informed, and provide you with opportunities to participate in the House as we mutually agree and for you to provide medical information to be used in case of emergencies. **All information is handled in accordance with the Australian Privacy Principles 2014, and the Rules and Policies of the Kerang and District Community Centre Inc., trading as Kerang Neighbourhood House.**

Name:

Address:

Town State Postcode

Telephone: (H) (M) Email:

My interests are:

.....

I have experience in:

.....

I have skills in:

.....

.....

I am available to volunteer on: (please circle)

Mon Tues Wed Thur Fri Sat Sun (The House normally operates Mon - Thurs)

Available Times:

I would like to take part in:

- | | |
|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Committee of Governance | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Reception / Admin | <input type="checkbox"/> Distribution of Promotional materials |
| <input type="checkbox"/> Working Parties & Task Groups | <input type="checkbox"/> Be Connected |
| <input type="checkbox"/> Tax Help Volunteer | <input type="checkbox"/> School Holiday Activities |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Emergency Relief (ER) | <input type="checkbox"/> Cooking / Meal Demonstrations |
| <input type="checkbox"/> Facilitation | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Newsletter Production | <input type="checkbox"/> Craft Programs |
| <input type="checkbox"/> Senior Activities | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Program delivery | <input type="checkbox"/> Children's Activities |
| <input type="checkbox"/> After School Programs | <input type="checkbox"/> Community Garden |



Private and Confidential Volunteer Medical Information



Volunteer Name:

In case of Emergency, please contact:

Name :

Address:

Town: State: Postcode:

Phone: (H) (M): Relationship:

Email:

Doctor: Phone No:

Other Information

Private Health Insurance (if any): Contribution Number: Expiry Date:

Ambulance Subscription: Yes / No Ambulance Number: Expiry Date:

Pensioner / Health Care Card Holder: Yes / No CRN Number: Expiry Date:
(Card to be sighted on Registration)

Medicare Number:

Year of last Tetanus Immunisation: (Children are normally immunised at 4-5 years then at Year 10 – Boostrix then at 50+ years – ADT Booster)

FOOD / ALLERGIES OR RELEVANT MEDICAL HISTORY

.....
.....

I authorise the representatives of Kerang Neighbourhood House in the event of an accident / illness to obtain any medical assistance or treatment necessary.

SIGNATURE: **DATE:**

PRINT NAME:

Please tick – I give the Kerang Neighbourhood House permission to take photographs/video footage of myself. I am aware that I will not receive any payment for the footage to be used by the Kerang Neighbourhood House for promotional purposes.



KERANG NEIGHBOURHOOD HOUSE
11 Scoresby Street, KERANG, VIC, 3579
Phone: (03) 5452 2522
Website: kerangnh.org.au
Email: reception@kerangnh.org.au



Confidentiality Agreement for Employees, Volunteers and Board Members

Unauthorised disclosure of personal, confidential and/or privileged information is a serious violation of this agreement and will subject the person(s) who made the unauthorised disclosure to appropriate discipline, including removal/dismissal and legal proceedings.

As an Employee, Volunteer and/or Board Member of Kerang Neighbourhood House (ABN 56 181120256), I will:

1. Treat all information regarding clients, staff, projects and/or House related business I obtain (either directly or indirectly) through my work with the House as **Private and Confidential** by default;
2. Comply with the laws, regulations, procedures and policies of the House relating to confidentiality;
3. Will not disclose or discuss the personal or financial information of clients, staff, projects or House related business without the prior knowledge and permission of the House Manager, or as required by law;
4. Take care to ensure that unauthorised individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared;
5. Take reasonable steps to properly secure confidential information on my computer and ensure that others cannot view or access such information;
6. Access confidential information held by the organisation only when necessary for the performance of my assigned duties;
7. Take care when accessing or handling restricted information in order to minimise the risk of its diversion into unauthorised channels;
8. Not disclose confidential information to any third party without the prior permission of the House Manager and/or as required by law;
9. Not use confidential information for any purpose(s) other than those for which it was provided;
10. Not remove confidential files, forms or other documents from the Centre without the written permission of the House Manager
11. Only make copies of restricted information when necessary for the performance of my assigned duties, and with the House Manager's knowledge and approval
12. Delete or destroy all confidential information from all materials before they are removed from the House, unless I have obtained prior approval not to do so from the House Manager. This includes informal notes, transcripts, videos, photographs, tape recordings and any other material in any form recorded on any medium.
13. Remove all unauthorised confidential details before transmitting information via electronic means such as facsimile, internet and email transmissions. Such information may only be transmitted after obtaining permission from the House Manager.
14. Not disclose my personal password(s) to anyone without the express written permission of the Manager, and will refrain from performing any tasks using another's password; and
15. Notify my supervisor if I have reason to believe that my access codes and passwords have been compromised.

I understand that my obligations under this agreement continue to have full force and effect even when I am no longer an Employee/Volunteer/Board Member of the Kerang Neighbourhood House.

Employee/Volunteer/Board Member

Witness

Print Name: **Print Name:**

Signed: **Signed:**

Date: **Date:**