

School of BioSciences

Volunteer Registration

- Volunteers are personnel who freely partake in activities without payment. Refer to the School of BioSciences Environment, Health & Safety folder on the BioSciences server (smb://unimelb.edu.au/uom/Science/Biosciences) for further information.
- Your supervisor will inform you of inductions, training and other safety requirements specific to the task being performed.
- This form is to be completed prior to commencing volunteer work at the School of BioSciences. When complete, please return this form and all other required paperwork to your supervisor. This form must then be handed to School Reception for signing by HOS and filing.

Privacy Statement

The information on this form will be used by the School of BioSciences for statistics, in the event of an incident or accident and where next of kin need to be notified. For more information on the University's privacy policy, please visit www.unimelb.edu.au/unisec/privacy.

1. Contact Information

Family Name: _____

First Name: _____

Name you prefer to be called: _____

Gender: Female Male

Address: _____

Suburb: _____ **Postcode:** _____

Phone: Day: _____ After hours: _____ Mobile: _____

Email: _____

Are you a Melbourne University student/staff: No Yes - student/staff number: _____

(If Yes, circle student or staff and provide ID number)

Do you have any fitness concerns or medical conditions that may be affected by the type of work you are intending to carry out? Please let us know if you need any special requirements or equipment to assist you in your volunteer role. This information is not compulsory but is designed to help in the event of an accident or emergency.

2. Emergency Contact Information

Name: _____

Address: _____

Phone: Day: _____ After hours: _____ Mobile: _____

Relationship to volunteer: _____

3. Description of Volunteer Work

Type of work: Research Teaching Administration Herbarium Fieldwork

Choose the most appropriate option (more than one may apply)

Brief description of work:

Location(s): Parkville campus Other (please specify) _____

Expected hours per week: Once-off Full-time Part-time (please specify) _____

Duration of Registration: Start date: _____ Finish date: _____

4. Training & Experience

List relevant training/experience/education you have prior to commencing your volunteer role at the School of BioSciences:

Training required for volunteer role:

Tick induction required and list other specific training required. When complete, these training documents should be kept on file in the work area.

Building Induction Work Area Induction (specify): _____

Training required continued:

5. Volunteer Declaration

- i. I confirm the above details are true and correct to the best of my knowledge
- ii. I agree to inform the School of any changes to this information as soon as reasonably practicable
- iii. I am aware of and agree to abide by my responsibilities as a volunteer of the University of Melbourne.
Refer to the Volunteer Policy policy.unimelb.edu.au/MPF1073
- iv. I agree to not deliberately endanger the health and safety of myself and others

Signature: _____ Date: _____

6. Supervisor* Endorsement

I have read the University of Melbourne Volunteer Policy policy.unimelb.edu.au/MPF1073 and Guidelines for Student Volunteering volunteering-guidelines-201402.pdf

I confirm that I support the engagement of this Volunteer

Name: _____ Position: _____

Signature: _____ Date: _____

*The Volunteer's Supervisor must be an Academic or Professional Staff Member. They cannot be a student or an Honorary Staff member.

7. Approval for Registration of Volunteer

This section must be signed by the Head of Department or Executive Manager (School of BioSciences).

I confirm that I support the engagement of this Volunteer.

Name: _____ Position: _____

Signature: _____ Date: _____