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 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: ___________________________