

VOLUNTEER FORM

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|-------------------------------|-------------------------------------|---|-----------------------------|--|--|
| Surname: | | | Date: | | |
| First/Preferred name: | | | | | |
| Address: | | | | | |
| Home Phone: | | | Mobile: | | |
| Email: | | | | NB: Our preferred form of communication will be by email however if you do not have this, we will call you if and as required. | |
| Sex: M F | I am on Facebook: Y N | Are you a BICAS member? Y N | | | |
| Emergency Contact (Fullname): | | | | | |
| Their relationship to you: | | | Their contact phone number: | | |

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|---|---|-------------|------------|-------------|-----------------|------------|------------|---------------|---------------|
| Days available to volunteer: | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Varies | Unsure |
| How often are you available? (Please circle) | Weekly | | | Fortnightly | | | | | |
| Are you a Centrelink Volunteer? Y N | If so, how long do you need to volunteer for? | | | | | | | | |
| Who is your Provider (Name & Contact Person): | | | | | | | | | |
| Provider Contact: | | | | | Provider Email: | | | | |
| How many hours per week are you required to do? | | | | | | | | | |

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|---|--|------------|-----------|
| Do you have any pre-existing medical conditions / allergies that would affect your ability to do certain types of work, and/or that we should know about? (Please circle) | | YES | NO |
| If Yes, please give details and limitations: | | | |
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|--|---|----------------------|--------------------|-------------------|------------|-----------|
| I currently hold: (Please circle) | Working with Children Blue Card <i>(Only If Position Requires)</i> | | | DOB: | YES | NO |
| | Food Handling Certificate - <i>I'm Alert</i> | | | | YES | NO |
| | Food Handling Certificate – <i>Do Food Safely</i> | | | | YES | NO |
| | RSA | | | | YES | NO |
| | First Aid | | | | YES | NO |
| Skills I currently have: | Computer: | Data Entry: | Eftpos/Sales: | Customer Service: | | |
| | Café: | Marketing/Publicity: | Events/Organising: | Handyman: | | |
| | Public Speaking: | Admin: | Accounting Xero: | | | |
| | Other: | | | | | |

Experience: (please list)

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| Please ✓ your preferred area for volunteering: | | Front Desk: | Cafe: |
| Admin: | Accounting: | Web/Online work: | Barcoding: |
| Promotions/Marketing: | Display: | Gallery (hanging): | Events: |
| Newsletters: | Maintenance: | Gardens: | |

From time to time, the Bribie Island Community Arts Society Inc., uses images of volunteers at work as part of advertising and promotional activities. **Please indicate if you agree to have your image used for these activities:** **YES** **NO**

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| Skills I would like to learn (if any) while I am a Volunteer with the Arts Centre: <i>(Please list)</i> |
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YOUR AGREEMENT:

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|------------------------|---|
| As a Volunteer: | |
| I will | read, and abide by Bribie Island Community Arts Society Inc. Policies and Procedures |
| I will | ensure that private and confidential information remains private and confidential. |
| I will | not smoke or vape whilst on duty as a volunteer or be under the influence of an illicit drug or alcohol or consume any illicit drugs or alcohol while on duty. |
| I will | sign on and sign off at the end of each of my shifts as a volunteer. |
| I will | perform my volunteer duties to the best of my ability with courtesy and integrity, and be willing to take part in ongoing training, when offered, to meet the required standard of service. |
| I acknowledge | that I will take direction from my supervisor and work in my designated area as required. |
| I agree | that, in the event of an accident or illness, I will contact the Arts Centre as early as possible so a replacement may be found. |
| I agree | to provide excellence in customer service to all visitors and users of the Arts Centre, offering assistance in a warm and friendly manner. |
| I agree | to act at all times as a member of the team responsible for accomplishing BICAS’s aims, valuing and supporting other volunteers, members and Board members. |
| I agree | to go directly to the Venue Manager to speak about any concerns that might affect my work relationships or quality of service. |
| I declare | that I will carry out my volunteer duties to the best of my ability whilst observing Workplace, Health and Safety procedures. |
| I declare | that I have read the Volunteer Agreement and the Personal Declarations listed here. |
| I wish | to volunteer at the Arts Centre and agree to abide by the BICAS Policies & Procedures, Constitution, and the decisions and directions of the venue management. |
| I understand | should I breach the above, my involvement with BICAS may be terminated. |

YES, I AGREE TO ABIDE BY ALL THE ABOVE

Name: *(Please print)* Signature:
 Date:

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| The Bribie Island Community Arts Society agrees to accept the services of effective upon receipt of Blue Card. ONLY IF GOV REINSTATES: COVID-19 Vaccination Certificate sighted and copy received: <i>(As from 17 December 2021 QLD State Government Directive)</i> | Venue Manager: Date: |
| YES/NO | |

- BICAS will provide adequate training, information, assistance and appropriate supervision as a volunteer.
- BICAS will respect your skills, dignity and individual needs and will do our best to work in with your individual requirements.
- BICAS will be receptive to any of your comments regarding ways in which we might mutually better accomplish our respective tasks and treat you as an essential support to the Arts Society, jointly responsible for the accomplishments of BICAS’s goals and objectives.
- BICAS will provide a safe working environment. All information and feedback provided by volunteers is kept in strictest confidence.

THE BRIBIE ISLAND COMMUNITY ARTS SOCIETY IS A VOLUNTEER DEPENDENT, NOT-FOR-PROFIT ORGANISATION BRINGING THE ARTS TO THE COMMUNITY

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